

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000004814

**FILED**  
**Jan 18, 2014**  
**Secretary of State**  
**CC3007570150**

**Entity Name:** WESTSIDE CENTER FOR COMMUNITY AND SELF DEVELOPMENT INCORPORATED

**Current Principal Place of Business:**

5615-1 WESCONNETT BLVD.  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

4745 DUNDEE CIRCLE  
JACKSONVILLE, FL 32210-5321

**FEI Number: 59-3744699**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

COOPER, TERRENYCE J  
4745 DUNDEE CIRCLE  
JACKSONVILLE, FL 32210 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title D  
Name COOPER, TERRENYCE J  
Address 4745 DUNDEE CIRCLE  
City-State-Zip: JACKSONVILLE FL 32210

Title D  
Name WHEELER, THOMAS H  
Address 2667 ERNEST ST.  
City-State-Zip: JACKSONVILLE FL 32204

Title D  
Name WHEELER, PATRICIA  
Address 2667 ERNEST ST.  
City-State-Zip: JACKSONVILLE FL 32204

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: TERRENYCE J COOPER

DIRECTOR

01/18/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date