

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22740

Entity Name: THE WESTSIDE CHRISTIAN FAMILY CHAPEL, INC.**Current Principal Place of Business:**4541-8 SHIRLEY AVENUE
JACKSONVILLE, FL 32210-2069**Current Mailing Address:**4541-8 SHIRLEY AVENUE
JACKSONVILLE, FL 32210-2069 US**FEI Number:** 59-2857371**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BROHINSKY, BETHANY
4541-8 SHIRLEY AVENUE
JACKSONVILLE, FL 32210-2069 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:** BETHANY BROHINSKY

03/19/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name COLEMAN, PATRICK D
Address 4834 ALGONQUIN AVE
City-State-Zip: JACKSONVILLE FL 32210

Title D
Name MITCHELL, KENNETH R
Address 5207 ORTEGA GLEN DRIVE
City-State-Zip: JACKSONVILLE FL 32210

Title D
Name BROOKE, ALLAN FII
Address 101 E ADAMS ST
City-State-Zip: JACKSONVILLE FL 32202

Title D
Name CRENSHAW, MCCARTHY JR
Address 3855 ST JOHNS AVE
City-State-Zip: JACKSONVILLE FL

Title D
Name ALLCORN, FRANK
Address 4287 VENETIA BLVD.
City-State-Zip: JACKSONVILLE FL 32210

Title TREASURER
Name BROHINSKY, BETHANY
Address 2437 ORMSBY CIR E
City-State-Zip: JACKSONVILLE FL 32210

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: BETHANY BROHINSKY

TREASURER

03/19/2020

Electronic Signature of Signing Officer/Director Detail

Date