

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N28274

**Entity Name:** WESTSIDE CHRISTIAN OUTREACH, INC.**Current Principal Place of Business:**1044 WOLFE STREET  
JACKSONVILLE, FL 32205**Current Mailing Address:**1044 WOLFE ST  
JACKSONVILLE, FL 32205 US**FEI Number:** 59-2909109**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NASRALLAH, ANTHONY  
1044 WOLFE STREET  
JACKSONVILLE, FL 32205 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:** ANTHONY NASRALLAH

04/23/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	VIRTUE, THOMAS
Address	2940 ALGONQUIN AVE
City-State-Zip:	JACKSONVILLE FL 32210

Title	SECRETARY
Name	LEHR, SUSAN
Address	5322 SECLUDED OAKS LANE
City-State-Zip:	JACKSONVILLE FL 32210

Title	TREASURER
Name	NASRALLAH, ANTHONY
Address	PO BOX 380006
City-State-Zip:	JACKSONVILLE FL 32205

Title	CO-TREASURER
Name	BARRETT, RICKIE
Address	4360 SAN JUAN AVE
City-State-Zip:	JACKSONVILLE FL 32210

Title	VP
Name	BLISS, MARGO
Address	4736 EXETER LANE
City-State-Zip:	JACKSONVILLE FL 32210

Title	DIRECTOR
Name	ADAMS, DENNIS
Address	1732 PECKY CYPRESS LN
City-State-Zip:	JACKSONVILLE FL 32223

Title	DIRECTOR
Name	ROBERTS, SANDRA
Address	2895 RIVER OAK DR
City-State-Zip:	ORANGE PARK FL 32073

*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:** ANTHONY NASRALLAH

TREASURER

04/23/2025

Electronic Signature of Signing Officer/Director Detail

Date