

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N28274

**FILED**  
**Mar 08, 2016**  
**Secretary of State**  
**CC8345900687**

**Entity Name:** WESTSIDE CHRISTIAN OUTREACH, INC.

**Current Principal Place of Business:**

5343-1 NORMANDY BLVD  
JACKSONVILLE, FL 32205

**Current Mailing Address:**

5343-1 NORMANDY BLVD  
JACKSONVILLE, FL 32205 US

**FEI Number:** 59-2909109

**Certificate of Status Desired:** No

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

STUDSTILL, GENE W  
5343-1 NORMANDY BLVD  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title MD  
Name STUDSTILL, GENE W  
Address 4242 ORTEGA BLVD UNIT 23  
City-State-Zip: JACKSONVILLE FL 32210

Title TD  
Name BAUM, CLIFFORD B  
Address 4878 KING RICHARD ROAD  
City-State-Zip: JACKSONVILLE FL 32210

Title PD  
Name LUCZYCKI, MARGARET  
Address 8944 BELLROSE AVE  
City-State-Zip: JACKSONVILLE FL 32222

Title SD  
Name MADDOX, DEBBIE  
Address 7480 RICKER RD  
City-State-Zip: JACKSONVILLE FL 32244

Title DIRECTOR  
Name HAMMER, RANDY  
Address 12404 WOODCUTTER RD.  
City-State-Zip: JACKSONVILLE FL 32220

*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: CLIFFORD B. BAUM**

**TREASURER**

**03/08/2016**

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

\_\_\_\_\_  
Date