| JACKSONVILL  | E, FL 32205   |                                   |  |            |
|--|---|-----------------------------------|--|------------|
| Current Mailing Address:   |   |                                   |  |            |
| 940 TALBO <sup>-</sup><br>JACKSONV   | TAVE.<br>ILLE, FL 32205-5350 US   |                                   |  |            |
| FEI Number: 59-2909109   |   | Certificate of Status Desired: No |  |            |
| Name and Address of Current Registered Agent:  |   |                                   |  |            |
| BOZEMAN, EL<br>940 TALBOT A<br>JACKSONVILL   |   |                                   |  |            |
| 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. |   |                                   |  |            |
|  |   |                                   |  | u.         |
| SIGNATUR   | E: ELIZABETH G. BOZEMAN   |                                   | <b>G</b>   | 01/29/2021 |
| SIGNATUR   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |                                   | <b>G</b>   |            |
|  | E: ELIZABETH G. BOZEMAN   |                                   | <b>G</b>   | 01/29/2021 |
|  | E: ELIZABETH G. BOZEMAN<br>Electronic Signature of Registered Agent   | Title                             | <b>G</b>   | 01/29/2021 |
| Officer/Dire   | ELIZABETH G. BOZEMAN Electronic Signature of Registered Agent Ctor Detail :   |                                   |  | 01/29/2021 |
| Officer/Dire   | E: ELIZABETH G. BOZEMAN<br>Electronic Signature of Registered Agent<br>ctor Detail :<br>VP  | Title                             | TREASURER  | 01/29/2021 |
| <b>Officer/Dire</b><br>Title<br>Name   | ELIZABETH G. BOZEMAN<br>Electronic Signature of Registered Agent<br>Ctor Detail :<br>VP<br>AXTELL, DOUG<br>1044 WOLFE STREET                          | Title<br>Name                     | TREASURER<br>BOZEMAN, ELIZABETH G<br>940 TALBOT AVE. | 01/29/2021 |
| <b>Officer/Dire</b><br>Title<br>Name<br>Address  | ELIZABETH G. BOZEMAN<br>Electronic Signature of Registered Agent<br>Ctor Detail :<br>VP<br>AXTELL, DOUG<br>1044 WOLFE STREET                          | Title<br>Name<br>Address          | TREASURER<br>BOZEMAN, ELIZABETH G<br>940 TALBOT AVE. | 01/29/2021 |
| Officer/Dire<br>Title<br>Name<br>Address<br>City-State-Zip:  | ELIZABETH G. BOZEMAN<br>Electronic Signature of Registered Agent<br>Ctor Detail :<br>VP<br>AXTELL, DOUG<br>1044 WOLFE STREET<br>JACKSONVILLE FL 32205 | Title<br>Name<br>Address          | TREASURER<br>BOZEMAN, ELIZABETH G<br>940 TALBOT AVE. | 01/29/2021 |

City-State-Zip: JACKSONVILLE FL 32205

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.

TREASURER

SIGNATURE: ELIZABETH G BOZEMAN

Electronic Signature of Signing Officer/Director Detail

## DOCUMENT# N28274

Entity Name: WESTSIDE CHRISTIAN OUTREACH, INC.

## **Current Principal Place of Business:**

1044 WOLFE STREET JACKSONVILLE, FL 32205 FILED Jan 29, 2021 Secretary of State 8482306411CC

01/29/2021

Date