UNUT CONTROL CONTROL	2, 12 02200			
Current Mai	ling Address:			
940 TALBO <sup>-</sup> JACKSONV	TAVE. ILLE, FL 32205-5350 US			
FEI Number: 59-2909109		Certificate of Status Desired: No		
Name and Address of Current Registered Agent:				
BOZEMAN, EL 940 TALBOT A JACKSONVILL				
The above name			tanad amount an bath in the Otate of Elavia	
The above hame	d entity submits this statement for the purpose of changing its regi	stered office or regis	tered agent, or both, in the State of Fioric	la.
	d entity submits this statement for the purpose of changing its regi- E: ELIZABETH G. BOZEMAN	stered office or regis		<sup>la.</sup> 01/23/2023
		stered office or regis		
	ELIZABETH G. BOZEMAN Electronic Signature of Registered Agent	stered office or regis		01/23/2023
SIGNATURE	ELIZABETH G. BOZEMAN Electronic Signature of Registered Agent	Title		01/23/2023
SIGNATURE Officer/Dire	ELIZABETH G. BOZEMAN Electronic Signature of Registered Agent Ctor Detail :			01/23/2023
SIGNATURE Officer/Dire	E: ELIZABETH G. BOZEMAN Electronic Signature of Registered Agent Ctor Detail : VP	Title	TREASURER	01/23/2023
SIGNATURE Officer/Dire Title Name	E: ELIZABETH G. BOZEMAN Electronic Signature of Registered Agent Ctor Detail : VP MADDOX, DEBBIE 1044 WOLFE STREET	Title Name	TREASURER BOZEMAN, ELIZABETH G 940 TALBOT AVE.	01/23/2023 Date
SIGNATURE Officer/Dire Title Name Address	E: ELIZABETH G. BOZEMAN Electronic Signature of Registered Agent Ctor Detail : VP MADDOX, DEBBIE 1044 WOLFE STREET	Title Name Address	TREASURER BOZEMAN, ELIZABETH G 940 TALBOT AVE.	01/23/2023 Date
SIGNATURE Officer/Dire Title Name Address City-State-Zip:	E: ELIZABETH G. BOZEMAN Electronic Signature of Registered Agent Ctor Detail : VP MADDOX, DEBBIE 1044 WOLFE STREET JACKSONVILLE FL 32205	Title Name Address	TREASURER BOZEMAN, ELIZABETH G 940 TALBOT AVE.	01/23/2023 Date

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: ELIZABETH G BOZEMAN

JACKSONVILLE FL 32205

City-State-Zip:

Electronic Signature of Signing Officer/Director Detail

2023 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 FILED Jan 23, 2023 Secretary of State 6776741229CC

TREASURER

Date