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

**FILED**
**Feb 06, 2025**
**Secretary of State**
**5221443993CC**

DOCUMENT# N93000005085

**Entity Name:** WESTSIDE INTERNATIONAL CHURCH OF GOD OF PROPHECY, INC.

**Current Principal Place of Business:**

1862 FOURAKER ROAD
JACKSONVILLE, FL 32221

**Current Mailing Address:**

1862 FOURAKER ROAD
JACKSONVILLE, FL 32221 US

**FEI Number: 59-3212492**

**Certificate of Status Desired:** No

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

HILE, DALE R PASTOR
2939 NAPA VALLEY CT.
.
JACKSONVILLE, FL 32221 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: DALE R HILE 02/06/2025

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | S |
| Name | BULLARD, FAYE |
| Address | 6092 MAGELLAN RD |
| City-State-Zip: | JACKSONVILLE FL 32222 |

| | |
|---|---|
| Title | BM |
| Name | DANIEL, DAVID |
| Address | 8120 KATHY STREET |
| City-State-Zip: | JACKSONVILLE FL 32221 |

| | |
|---|---|
| Title | BM |
| Name | WILSON, CONNIE |
| Address | 1071 S. EDGEWOOD AVE APT 101 |
| City-State-Zip: | JACKSONVILLE FL 32205 |

| | |
|---|---|
| Title | BM |
| Name | BROWN, RUEL |
| Address | 1012 DEER SPRING DRIVE |
| City-State-Zip: | JACKSONVILLE FL 32221 |

| | |
|---|---|
| Title | BM |
| Name | JACKSON, ALFRED |
| Address | 1040 BUSAC AVE |
| City-State-Zip: | JACKSONVILLE FL 32205 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | HILE, DALE |
| Address | 2939 NAPA VALLEY WAY |
| City-State-Zip: | JACKSONVILLE FL 32221 |

| | |
|---|---|
| Title | BM |
| Name | TODMAN, LEROY |
| Address | 2135 SESSIONS LANE |
| City-State-Zip: | JACKSONVILLE FL 32207 |

*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: DALE HILE PASTOR/PRESIDENT 02/06/2025

Electronic Signature of Signing Officer/Director Detail — Date