

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000005085

Entity Name: CHURCH OF GOD OF PROPHECY, WESTSIDE INC.**Current Principal Place of Business:**1862 FOURAKER RD
JACKSONVILLE, FL 32221**Current Mailing Address:**1862 FOURAKER RD
JACKSONVILLE, FL 32221**FEI Number:** 59-3212492**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GILLIARD, IMOGENE J
7060 KNOTTS DR.
JACKSONVILLE, FL 32210 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	A
Name	GILLIARD, IMOGENE
Address	7060 KNOTTS DRIVE
City-State-Zip:	JACKSONVILLE FL 32210

Title	BM
Name	BERRY, MARLENE
Address	2128 MARCIA DR
City-State-Zip:	ORANGE PARK FL 32073

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

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

Title	BM
Name	MULLIS, VERDAIN
Address	3390 MARBON MEADOWS LANE
City-State-Zip:	JACKSONVILLE FL 32223

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

Title	DIRECTOR
Name	CHIVERS, BRUCE
Address	2939 NAPA VALLEY WAY
City-State-Zip:	JACKSONVILLE FL 32221

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: IMOGENE J. GILLIARD**ADMINISTRATOR****07/25/2016**

Electronic Signature of Signing Officer/Director Detail

Date