

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**APPROVED
AND
FILED**

95 APR 26 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 740631 (7)
1. Corporation Name
WESTSIDE CHURCH OF CHRIST OF DAYTONA BEACH, FLORIDA, INC.

Principal Place of Business Mailing Address
980 SECOND AVE PO BOX 9178 DAYTONA BEACH FL 32120
980 SECOND AVE PO BOX 9178 DAYTONA BEACH FL 32120

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified 10/26/1977
3a. Date of Last Report 04/06/1994
4. FEI Number 59-1786051
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 960 BETHUNE BLVD. 26 P.O. BOX 9178
Suite, Apt. #, etc. P.O. Box 9178
22 P.O. Box 9178 27
City & State DAYTONA BEACH, FL 28 DAYTONA BEACH, FL
23 DAYTONA BEACH, FL 29 DAYTONA BEACH, FL
Zip 32120 Country Volusia 30 32120 Volusia

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
JOHN HENRY BELL, SR.
633 HUDSON ST.
DAYTONA BEACH FL 32014

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 312 ALEATHA DRIVE
83
84 City DAYTONA BEACH FL 85 Zip Code 32114

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, JOHN HENRY, SR	1.2 NAME	
STREET ADDRESS	633 HUDSON ST	1.3 STREET ADDRESS	312 ALEATHA DR
CITY - ST - ZIP	DAYTONA BCH, FL 00000	1.4 CITY - ST - ZIP	DAYTONA BEACH, FL 32114
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, JOSEPH L	2.2 NAME	
STREET ADDRESS	1104 EDITH DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	DAYTONA BCH, FL 00000	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELL, LOUIS A, SR	3.2 NAME	CONAWAY, VERNON
STREET ADDRESS	629 HUDSON ST	3.3 STREET ADDRESS	1653 SLOGAR CIR
CITY - ST - ZIP	DAYTONA BCH, FL 00000	3.4 CITY - ST - ZIP	DAYTONA BEACH, FL 32112
TITLE	SD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THURMAN, TYRO	4.2 NAME	BELL, LOUIS A, JR.
STREET ADDRESS	440 ALAMANDA ST	4.3 STREET ADDRESS	765 COLMAX DR.
CITY - ST - ZIP	DAYTONA BCH, FL 00000	4.4 CITY - ST - ZIP	DAYTONA BEACH, FL 32114
TITLE	D	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, DAVID	5.2 NAME	BELL, DAVID
STREET ADDRESS	1400 S NOVA ROAD	5.3 STREET ADDRESS	4026 CALUSA LANE
CITY - ST - ZIP	DAYTONA BCH FL	5.4 CITY - ST - ZIP	ORMOND BEACH, FL 32174
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	DMAIA, RICKY
STREET ADDRESS		6.3 STREET ADDRESS	707 HEINEMAN AVE.
CITY - ST - ZIP		6.4 CITY - ST - ZIP	DAYTONA BEACH, FL 32114

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: 4/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 904-258-7177 (Telephone #)