

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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: 960 BETHUNE BLVD. P. O. BOX 9178 DAYTONA BEACH FL 32120 US
Mailing Address: P. O. BOX 9178 DAYTONA BEACH FL 32120 US

3. Date Incorporated or Qualified: 10/26/1977
3a. Date of Last Report: 04/26/1995
4. FEI Number: 59-1786051
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)
22. Suite, Apt. #, etc.
23. City & State
24. Zip, Country

9. Name and Address of Current Registered Agent
**JOHN HENRY BELL, SR.
312 ATEATHA DRIVE
DAYTONA BEACH FL 32114**

10. Name and Address of New Registered Agent (81-85)
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, JOHN HENRY, SR	12 NAME	
STREET ADDRESS	312 ALEATHA DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, JOSEPH L	22 NAME	
STREET ADDRESS	1104 EDITH DR	23 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH, FL 00000	24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	TD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONAWAY, VERNON	32 NAME	
STREET ADDRESS	1653 SLOGAR CIRCLE	33 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH, FL 00000	34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, LOUIS A JR.	42 NAME	
STREET ADDRESS	765 COLFAX DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BCH, FL 00000	44 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, DAVID	52 NAME	
STREET ADDRESS	4028 CALUSA LANE	53 STREET ADDRESS	
CITY-ST-ZIP	ORMOND BEACH FL	54 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DURIAS, RICKY	62 NAME	
STREET ADDRESS	707 HEINEMAN AVENUE	63 STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH FL	64 CITY-ST-ZIP	

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: Joseph L. Coleman Date: 6/9/96 Daytime Phone #: 904-258-7177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)