

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 32120-9178 US
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3. Date Incorporated or Qualified 10/26/1977	3a. Date of Last Report 06/17/1996
4. FEI Number 59-1786051	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent JOHN HENRY BELL, SR. 312 ATEATHA DRIVE DAYTONA BEACH FL 32114	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BELL, JOHN HENRY, SR		1.2 NAME	
STREET ADDRESS 312 ALEATHA DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP DAYTONA BEACH FL		1.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CONAWAY, VERNON		3.2 NAME	
STREET ADDRESS 1653 SLOGAR CIRCLE		3.3 STREET ADDRESS	
CITY-ST-ZIP DAYTONA BCH, FL 00000		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BELL, LOUIS A JR.		4.2 NAME	
STREET ADDRESS 765 COLFAX DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP DAYTONA BCH, FL 00000		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BELL, DAVID		5.2 NAME	
STREET ADDRESS 4026 CALUSA LANE		5.3 STREET ADDRESS	
CITY-ST-ZIP ORMOND BEACH FL		5.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DURIAS, RICKY		6.2 NAME	
STREET ADDRESS 707 HEINEMAN AVENUE		6.3 STREET ADDRESS	
CITY-ST-ZIP DAYTONA BEACH FL		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 **JOSEPH L. COLEMAN** 3/25/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0002472

CR2E037 (9/96)