

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90011 024 \*\*\*\*61.25

**DOCUMENT # 740631**

1. Entity Name

**WESTSIDE CHURCH OF CHRIST OF DAYTONA BEACH, FLOR**

Principal Place of Business

Mailing Address

960 BETHUNE BLVD.  
 P. O. BOX 9178  
 DAYTONA BEACH FL 32120  
 US

P. O. BOX 9178  
 DAYTONA BEACH FL 32120-9178  
 US

80040756



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1786051**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHN HENRY BELL, SR.**  
**312 ATEATHA DRIVE**  
**DAYTONA BEACH FL 32114**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BELL, JOHN HENRY, SR	
STREET ADDRESS	312 ALEATHA DRIVE	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	COLEMAN, JOSEPH L	
STREET ADDRESS	1104 EDITH DR	
CITY-ST-ZIP	DAYTONA BCH, FL 00000	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CONAWAY, VERNON	
STREET ADDRESS	1653 SLOGAR CIRCLE	
CITY-ST-ZIP	DAYTONA BCH, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELL, LOUIS A JR.	
STREET ADDRESS	765 COLFAX DRIVE	
CITY-ST-ZIP	DAYTONA BCH, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELL, DAVID	
STREET ADDRESS	4026 CALUSA LANE	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DURIAS, RICKY	
STREET ADDRESS	707 HEINEMAN AVENUE	
CITY-ST-ZIP	DAYTONA BEACH FL	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*SIGNATURE REQUIRED* (JOSEPH Coleman, VD 4/20/2000 904-258-7177)  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #