

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90319 037 ****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
 US

00030714



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
 NAME: BELL, JOHN HENRY, SR
 STREET ADDRESS: 312 ALEATHA DRIVE
 CITY-ST-ZIP: DAYTONA BEACH FL

TITLE: [] Change [] Addition
 NAME: [] Change [] Addition
 STREET ADDRESS: [] Change [] Addition
 CITY-ST-ZIP: [] Change [] Addition

TITLE: VD
 NAME: COLEMAN, JOSEPH L
 STREET ADDRESS: 1104 EDITH DR
 CITY-ST-ZIP: DAYTONA BCH, FL 00000

TITLE: [] Change [] Addition
 NAME: [] Change [] Addition
 STREET ADDRESS: [] Change [] Addition
 CITY-ST-ZIP: [] Change [] Addition

TITLE: TD
 NAME: CONAWAY, VERNON
 STREET ADDRESS: 1653 SLOGAR CIRCLE
 CITY-ST-ZIP: DAYTONA BCH, FL 00000

TITLE: [] Change [] Addition
 NAME: [] Change [] Addition
 STREET ADDRESS: [] Change [] Addition
 CITY-ST-ZIP: [] Change [] Addition

TITLE: D
 NAME: BELL, LOUIS A JR.
 STREET ADDRESS: 765 COLFAX DRIVE
 CITY-ST-ZIP: DAYTONA BCH, FL 00000

TITLE: [] Change [] Addition
 NAME: [] Change [] Addition
 STREET ADDRESS: [] Change [] Addition
 CITY-ST-ZIP: [] Change [] Addition

TITLE: D
 NAME: BELL, DAVID
 STREET ADDRESS: 4026 CALUSA LANE
 CITY-ST-ZIP: ORMOND BEACH FL

TITLE: [] Change [] Addition
 NAME: [] Change [] Addition
 STREET ADDRESS: [] Change [] Addition
 CITY-ST-ZIP: [] Change [] Addition

TITLE: SD
 NAME: DURIAS, RICKY
 STREET ADDRESS: 707 HEINEMAN AVENUE
 CITY-ST-ZIP: DAYTONA BEACH FL

TITLE: [] Change [] Addition
 NAME: [] Change [] Addition
 STREET ADDRESS: [] Change [] Addition
 CITY-ST-ZIP: [] Change [] Addition

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 3/29/01 904 258 7177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)