

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90187 044 ****61.25

DOCUMENT # 740631

1. Entity Name

WESTSIDE CHURCH OF CHRIST OF DAYTONA BEACH, FLORIDA, INC.

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**

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



DO NOT WRITE IN THIS SPACE

~~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 Delete
 NAME **PD BELL, JOHN HENRY, SR**
 STREET ADDRESS **312 ALEATHA DRIVE**
 CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME **BELL, LOUIS A. JR.**
 STREET ADDRESS **6737 FERRZ CIRCLE**
 CITY-ST-ZIP **PORT ORANGE, FL**

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change 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: JOSEPH COLEMAN **VD** 4/25/02 386-258-7177
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)