

DOCUMENT # N00000007164

1. Entity Name

THE WAYSIDE CHURCH OF GOD, INC.

Principal Place of Business

6 HICKORY LOOP TERRACE  
OCALA FL 34472

Mailing Address

6 HICKORY LOOP TERRACE  
OCALA FL 34472

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3682720

Applied For

Not Applicable

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

DUNCAN, JOSIAH  
6 HICKORY LOOP TERRACE  
OCALA FL 34472

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: X

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

(NOTE: Registered Agent signature required when reinstating)

DATE: X

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 D  Delete  
NAME CAMPBELL, CLIFFORD A  
STREET ADDRESS 2213 S.W. SEVENTH STREET  
CITY-ST-ZIP Ocala FL 34472

TITLE P.D.  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  Delete  
NAME THOMPSON, ICILDA  
STREET ADDRESS 8940 S.E. 88TH AVENUE  
CITY-ST-ZIP Ocala FL 34352

TITLE D  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  Delete  
NAME HERRON, LOLLETTA  
STREET ADDRESS 467 SPRING DRIVE  
CITY-ST-ZIP Ocala FL 34472

TITLE T.D.  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  Delete  
NAME LAWRENCE, JANE  
STREET ADDRESS 4 CEDAR WAY  
CITY-ST-ZIP Ocala FL 34472

TITLE S.D.  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  Delete  
NAME DUNCAN, JOSIAH  
STREET ADDRESS 6 HICKORY LOOP TERRACE  
CITY-ST-ZIP Ocala FL 34472

TITLE V.D.  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Josiah Duncan

Date 8/11/2001 Daytime Phone # 352-684-3840



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)

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