


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 08, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90019 032 \*\*\*\*70.00

**DOCUMENT# # N00000007164**  
 1. Entity Name  
**THE WAYSIDE CHURCH OF GOD, INC.**



Principal Place of Business      Mailing Address  
**6 HICKORY LOOP TERRACE**      **6 HICKORY LOOP TERRACE**  
**OCALA FL 34472**      **OCALA FL 34472**

**50012101**



1st MOORE      CR2E037 (10/04)

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number      Applied For  
**59-3682720**      Not Applicable

Zip      Country      Zip      Country

5. Certificate of Status Desired      \$8.75 Additional Fee Required  
     

**6. Name and Address of Current Registered Agent**  
**DUNCAN, JOSIAH**  
**6 HICKORY LOOP TERRACE**  
**OCALA FL 34472**

**7. Name and Address of New Registered Agent**  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> Delete
NAME	CAMPBELL, CLIFFORD A	
STREET ADDRESS	2213 S.W. SEVENTH STREET	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	DD	<input type="checkbox"/> Delete
NAME	THOMPSON, ICILDA	
STREET ADDRESS	8940 S.E. 88TH AVENUE	
CITY-ST-ZIP	OCALA FL 34352	
TITLE	TT	<input checked="" type="checkbox"/> Delete
NAME	LAWRENCE, JANE	
STREET ADDRESS	4 CEDAR WAY	
CITY-ST-ZIP	OCALA FL 34472	
TITLE	V	<input type="checkbox"/> Delete
NAME	DUNCAN, JOSIAH	
STREET ADDRESS	6 HICKORY LOOP TERRACE	
CITY-ST-ZIP	OCALA FL 34472	
TITLE		<input checked="" type="checkbox"/> Delete
NAME	HANSON, MYRTLE	
STREET ADDRESS	9323 BAHIA RD	
CITY-ST-ZIP	OCALA FL 34472	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Emel DUNCAN	
STREET ADDRESS	6 Hickory Loop Terrace	
CITY-ST-ZIP	Ocala FL 34472	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Amelias Prince	
STREET ADDRESS	16 Rne Circle Way	
CITY-ST-ZIP	Ocala, FL 34472	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Shiley Campbell	
STREET ADDRESS	2213 S.W. SEVENTH ST	
CITY-ST-ZIP	Ocala FL 34472	
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: Emel Duncan      2/3/05      352-687-3840  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #