

2001 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)



FILED

09 JAN 16 AM 10:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
City & State: _____

Zip: _____ Country: _____
Zip: _____ Country: _____

1st MOORE CR2E037 (10/05)

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
**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: _____
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 Due By May 1, 2006

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 | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|--|--|--|---|
| TITLE: PD NAME: CAMPBELL, CLIFFORD A STREET ADDRESS: 2213 S.W. SEVENTH STREET CITY-ST-ZIP: OCALA FL 34472 | <input type="checkbox"/> Delete | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition 000141880070 01/23/09--01005--005 **75.00 |
| TITLE: DD NAME: THOMPSON, ICILDA STREET ADDRESS: 8940 S.E. 88TH AVENUE CITY-ST-ZIP: OCALA FL 34352 | <input checked="" type="checkbox"/> Delete | TITLE: <i>D.</i> NAME: <i>Emel Duncan</i> STREET ADDRESS: <i>6 Hickory Loop Terrace</i> CITY-ST-ZIP: <i>Ocala Fla 34472</i> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: S NAME: DUNCAN, EMEL STREET ADDRESS: 6 HICKORY LOOP TERRACE CITY-ST-ZIP: OCALA FL 34472 | <input checked="" type="checkbox"/> Delete | TITLE: <i>S.</i> NAME: <i>Dorrette Talbot</i> STREET ADDRESS: <i>23 1st Dr</i> CITY-ST-ZIP: <i>Ocala Fla 34472</i> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: V NAME: DUNCAN, JOSIAH STREET ADDRESS: 6 HICKORY LOOP TERRACE CITY-ST-ZIP: OCALA FL 34472 | <input type="checkbox"/> Delete | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: D NAME: PRINCE, AMELIUS STREET ADDRESS: 16 ONE CIRCLE WAY CITY-ST-ZIP: OCALA FL 34472 | <input checked="" type="checkbox"/> Delete | TITLE: <i>T.</i> NAME: <i>Jasmine Edwards</i> STREET ADDRESS: <i>11062 SW 73 circle</i> CITY-ST-ZIP: <i>Ocala Fla 34476</i> | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: D NAME: CAMPBELL, SHILEY STREET ADDRESS: 2213 SW SEVENTH ST CITY-ST-ZIP: OCALA FL 34472 | <input type="checkbox"/> Delete | TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____ | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Dorrette Talbot Sec.* **1-13-09** *1/28/09*