

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2003 8:00 am
Secretary of State

01-07-2003 90028 011 ****75.00

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.

-CHECK HERE IF MAKING CHANGES-

City & State

4. FEI Number **59-3682720**
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
**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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 NAME D STREET ADDRESS CITY - ST - ZIP	PD CAMPBELL, CLIFFORD A 2213 S.W. SEVENTH STREET OCALA FL 34472 <input type="checkbox"/> Delete
TITLE NAME D STREET ADDRESS CITY - ST - ZIP	DD THOMPSON, ICILDA 8940 S.E. 88TH AVENUE OCALA FL 34352 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TT HERRON, LOLLETTA 487 SPRING DRIVE OCALA FL 34472 <input type="checkbox"/> Delete
TITLE NAME D STREET ADDRESS CITY - ST - ZIP	SD TT LAWRENCE, JANE 4 CEDAR WAY OCALA FL 34472 <input checked="" type="checkbox"/> Delete
TITLE NAME D STREET ADDRESS CITY - ST - ZIP	VPD DUNCAN, JOSIAH 6 HICKORY LOOP TERRACE OCALA FL 34472 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Deceased
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TT
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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** *Josiah Duncan* **352-687-3840**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **JOSIAH, DUNCAN.** Date **1/6/03** Daytime Phone #

CR2E037 (10/02)