2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N00000007901

f. Entity Name

WESTSIDE BAPTIST CHURCH OF DE FUNIAK SPRINGS, INC.

Principal Place of Business 295 HWY, 331 NORTH

DEFUNIAK SPRINGS, FL 32433

Mailing Address

P.O. BOX 276

DEFUNIAK SPRINGS, FL 32433

FILED Jan 26, 2005 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01102005 No Chg-NP C

CR2E037 (10/03)

4. FEI Number 59-2265393

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NELSON, WILLIAM R PASTOR 1473 KINGS LAKE RD. DEFUNIAK SPRINGS, FL 32433

DO NOT WRITE IN THIS SPACE

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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 protect name of registered agent and title if explicable. (NOTE. Registered Agent signature required when renotating) DATE					
	Filing Fee is \$61.25 Due by May 1, 2005	Election Campaign Financia Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees	U00000196431 01/26/05-80068-019 61.25
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CRY-ST-ZIP	P NELSON, WILLIAM R 1473 KINGS LAKE RD DEFUNIAK SPRINGS, FL 32433		DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREEN, CLARIE 118 TWIN LAKE DR DEFUNIAK SPRINGS, FL 32433				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BROWN, BETTIE L 1075 JUNIPER LAKE DRIVE DEFUNIAK SPRINGS, FL 32433				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT CARPENTER, CATHERINE 143 SWANEE AVE DEFUNIAK SPRINGS, FL 32433				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JERRY, SHERMAN 105 SWANEE AVENUE DEFUNIAK SPRINGS, FL 32433				
TITLE NAME STREET AODRESS	T GREEN, BOBBY 118 TWIN LAKE DRIVE				

12. I hereby certify that the information supplied with this filling 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: A

willing Kallan

DEFUNIAK SPRINGS, FL 32433

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

19 IN 2005

850-892-2721

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