

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90006 028 ****61.25

DOCUMENT # N96000005696

1. Corporation Name

WEST SIDE CHRISTIAN CENTER, INC.

Principal Place of Business

**720 S 1ST STREET
ORANGE CITY FL 32763**

Mailing Address

**720 S 1ST STREET
ORANGE CITY FL 32763**



2. Principal Place of Business

21 425 S. Volusia Ave

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite E.

City & State

23 ORANGE CITY, FL

Zip Country

24 32763

25

City & State

28

Zip Country

29

30

3. Date Incorporated or Qualified

11/06/1996

4. FEI Number

59-3419395

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**SEVER, HERBERT E
720 S 1ST STREET
ORANGE CITY FL 32763**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PT** ☐ DELETE

NAME **HERBERT E SEVER**

STREET ADDRESS **720 S 1ST ST**

CITY-ST-ZIP **ORANGE CITY FL 32763-6402**

TITLE **VT** ☐ DELETE

NAME **JOHN D SIKES**

STREET ADDRESS **1720 W ROBERT ST**

CITY-ST-ZIP **ORANGE CITY FL 32763**

TITLE **ST** ☒ DELETE

NAME **JOHN M SEVER**

STREET ADDRESS **603 ANDERSON DR**

CITY-ST-ZIP **DELTONA FL 32725**

TITLE **TTR** ☐ DELETE

NAME **COLLINS, ALAN G**

STREET ADDRESS **225 E. ROBERT ST.**

CITY-ST-ZIP **ORANGE CITY FL 32763**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

Trustee

☐ Change

☒ Addition

1.2 NAME

JAMES M. MARTELLO

1.3 STREET ADDRESS

3302 GLENSHARE WAY

1.4 CITY-ST-ZIP

ORMOND BEACH, FL 32174

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERBERT E SEVER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 6, 1999, 904-775-4520

CR2E037 (11/98)