

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 722026

1. Entity Name

WESTSIDE ASSEMBLY OF GOD, INC., OF AUBURNDALE, F

Principal Place of Business

2760 DIXIE DRIVE
AUBURNDALE FL 33823

Mailing Address

Westside Assmbley of God
2760 Dupree Road
Auburndale
AUBURNDALE FL 33823-0943 FI 33823

2. Principal Place of Business

Westside Assembly of God

3. Mailing Address

2760 Dupree

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

AUBURNDALE FL

City & State

AUBURNDALE FL

Zip

33823

Country

PO/K

Zip

33823

Country

PO/K

4. FEI Number

59-2265791

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DYER, TED L.
613 OAK ST
AUBURNDALE FL 33823

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.

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PCD DYER, TED L 265-36TH ST. NW WINTER HAVEN FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SMITH, C L 245 36TH WT NW WINTER HAVEN FL | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STOKES, FREEMAN RT 3 BOX 2730 AUBURNDALE FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST ARNOLD, HELEN A P O BOX 296 EATON PARK FL 33840 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/00

Date

863-965-4565

Daytime Phone #

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90076 025 ****61.25

628670



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)