

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # 722026 1. Entity Name WESTSIDE ASSEMBLY OF GOD, INC., OF AUBURNDALE, FLORIDA	
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Principal Place of Business WESTSIDE ASSEMBLY OF GOD AUBURNDALE, FL 33823	Mailing Address 2780 DUPREE AUBURNDALE, FL 33823
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01092004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2235791

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEE, NANCY B PASTOR
335 GRIFFIN AVENUE
LAKELAND, FL 33801

**DO NOT WRITE
IN THIS SPACE**

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 resigning)

DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCDM LEE, NANCY L 335 GRIFFIN AVENUE LAKELAND, FL 33801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOKES, FREEMAN RT 3 BOX 2730 AUBURNDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAILEY, ROY 4130 VINSON ROAD LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, CHERYL 638 DUNCAN CIR. AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOKES, FREEMAN 2730 DIXIE DR. AUBURNDALE, FL 33823
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(f), 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: Nancy B. Lee NANCY B. Lee 02-19-04 (863) 665-2529

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone