

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000007901

**Entity Name:** WESTSIDE BAPTIST CHURCH OF DE FUNIAK SPRINGS, INC.

**Current Principal Place of Business:**

295 HWY. 331 NORTH  
DEFUNIAK SPRINGS, FL 32433

**Current Mailing Address:**

P.O. BOX 276  
DEFUNIAK SPRINGS, FL 32439 US

**FEI Number: 59-2265393**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

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

*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:** WILLIAM NELSON

01/10/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name NELSON, WILLIAM R  
Address 1473 KINGS LAKE RD  
City-State-Zip: DEFUNIAK SPRINGS FL 32433

Title S  
Name JOHNS, TRACY M  
Address 115 WEST PICASSO  
City-State-Zip: DEFUNIAK SPRINGS FL 32433

Title T  
Name PARROTT, AMANDA  
Address 55 PARTICK DR  
City-State-Zip: DEFUNIAK SPRINGS FL 32433

Title AT  
Name SULLIVAN, STEPHANIE L  
Address 45 TALL PINES BLVD  
City-State-Zip: DEFUNIAK SPRINGS FL 32433

Title AT  
Name PORTER, STEPEN  
Address 1600 HIGHWAY 83  
City-State-Zip: DEFUNIAK SPRINGS FL 32433

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** TRACY JOHNS

**SECRETARY**

01/10/2021

Electronic Signature of Signing Officer/Director Detail

Date