## FILE NOW: FILING FEE IS \$61.25

**FILED** Apr 15 1998 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT # 706584 (0) WESTSIDE BAPTIST CHURCH, INC. Principal Place of Business Mailino Address 2505 W GRANFIELD AVE 2505 W GRANFIELD AVE 3. Date incorporated or Qualified PLANT CITY FL 33567 PLANT CITY FL 33567 12/20/1963 4. FEI Number Applied For Not Applicable 59-1159202 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes ☐ No 23 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name HART, GLENN 82 Street Address (P.O. Box Number is Not Acceptable) 1203 MENDONSA ROAD 83 PLANT CITY FL 33566 Zip Code 84 City 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 it applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition Change TITLE 1.1 TITLE HART, GLENN 1.2 NAME NAME Clifford Halford 1203 MENDONSA RD. 2009 W, Palmetto Ave STREET ADDRESS 1.3 STREET ADDRESS PLANT CITY FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Plant City, F1 33567 DELETE Change Addition TITLE 2.1 TITLE ANDERSON, JOHN NAME 2.2 NAME 905 S WOODROW WILSON STRRET 2.3 STREET ADDRESS STREET ADDRESS PLANT CITY FL 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE DAVIS, JETTA NAME 3.2 NAME 1605 E LANGFORD AVE STREET ADDRESS 3.3 STREET ADDRESS PLANR CITY FL 3.4. CITY-ST-ZIP CITY-ST-21P ... Addition TITLE DELETE 4.1 TITLE Change **4.2 NAME** STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Addition DELETE Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP TITE **DELETÉ** 6.1 TITLE Change Addition NAME 6.2 NAME

> **6.3 STREET ADDRESS** 8.4 CITY-ST-ZIP

14. Thereby 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 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 if changed, or on an attachment with an address.

STREET ADDRESS

CITY-ST-ZIP

MR.22,1998