

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 706584

1. Entity Name

WESTSIDE BAPTIST CHURCH, INC.

Principal Place of Business

2505 W GRANFIELD AVE
PLANT CITY FL 33567

Mailing Address

2505 W GRANFIELD AVE
PLANT CITY FL 33567-4612

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1159202

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

HART, GLENN
1203 MENDONSA ROAD
PLANT CITY FL 33566

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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	TD	HART, GLENN	1203 MENDONSA RD.							
			PLANT CITY FL							
	PD	HALFORD, CLIFFORD	2009 W. PALMETTO AVE.							
			PLANT CITY FL 33567							
	VD	DAVIS, JETTA	1605 E LANGFORD AVE							
			PLANT CITY FL							

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

4-16-2000 813-752-1456
Date Daytime Phone #

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90092 007 ****61.25



DO NOT WRITE IN THIS SPACE