FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 708257 (1)

1. Corporation Name
WESTSIDE CHURCH OF CHRIST, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4015 CENTERVILLE ROAD TALLAHASSEE FL 32308	4015 CENTERVILLE ROAD TALLAHASSEE FL 32308

3. Date Incorporated or Qualified: 12/17/1964
3a. Date of Last Report: 08/19/1994
4. FEI Number: 59-1716108 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

KERCHER, MICHAEL
4015 CENTERVILLE ROAD
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name: Maurice Hinds
82 Street Address (P.O. Box Number is Not Acceptable): 2 Sika Deer Drive
83
84 City: Tallahassee FL 85 Zip Code: 32304

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Maurice Hinds — 3/22/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDV	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	KERCHER, MICHAEL	1.2 NAME	Maurice Hinds	
STREET ADDRESS	4015 CENTERVILLE ROAD	1.3 STREET ADDRESS	2 Sika Deer Drive	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	Tallahassee, FL 32304	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	HINTON, DAVID	2.2 NAME	Edward H. Kean	
STREET ADDRESS	3185 CAPITAL CIRCLE NE	2.3 STREET ADDRESS	1506 Dove Road	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	Tallahassee, FL 32311	
TITLE	D	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	HINTON, ANDY	3.2 NAME	Eugene Taylor	
STREET ADDRESS	3185 CAPITAL CIRCLE NE	3.3 STREET ADDRESS	3208 W. Baldwin Dr.	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: E. Edward H. Kean — 3/22/95 (904) 942-7883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0097378