

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JAN 20 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 708257

1. Corporation Name

WESTSIDE CHURCH OF CHRIST, INC.

of Tallahassee, Inc

Principal Place of Business

4015 CENTERVILLE ROAD
TALLAHASSEE FL 32308

Mailing Address

4015 CENTERVILLE ROAD
TALLAHASSEE FL 32308



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	12/17/1964
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1716108
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing
		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

HINDS, MAURICE
2 SIKKA DEER DRIVE
TALLAHASSEE FL 32304

10. Name and Address of New Registered Agent

81 Name KEAN, EDWARD H.
82 Street Address (P.O. Box Number is Not Acceptable)
11578 BUCK LAKE RD.
83
84 City TALLAHASSEE FL 85 Zip Code 32311

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

E. H. Kean
Signature, typed or printed name of registered agent and title if applicable.

E. H. KEAN

(NOTE: Registered Agent signature required when reinstating)

1/20/99
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	DIRECTOR
NAME	HINDS, MAURICE	1.2 NAME	HORACE R ROYALS, JR
STREET ADDRESS	2 SIKKA DEER DRIVE	1.3 STREET ADDRESS	8339 CABIN HILL ROAD
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	Tallahassee, FL 32311
TITLE	VD	2.1 TITLE	VD
NAME	KEAN, EDWARD H	2.2 NAME	KEAN, EDWARD H.
STREET ADDRESS	1506 DOVE ROAD	2.3 STREET ADDRESS	11578 BUCK LAKE RD
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32311
TITLE	SD	3.1 TITLE	
NAME	TAYLOR, EUGENE	3.2 NAME	
STREET ADDRESS	3208 W. BALDWIN DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	200002747832
STREET ADDRESS		4.3 STREET ADDRESS	-01/20/99--01054--001
CITY-ST-ZIP		4.4 CITY-ST-ZIP	****105.00 *****61.25
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

E. H. Kean
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/99
Date

(850) 576-2865
Daytime Phone #

0006055

CR2E037 (11/98)