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 19 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 709513 (6)

1. Corporation Name

WESTSIDE CHRISTIAN CHURCH OF GAINSVILLE, FLORIDA , INC.

Principal Place of Business	Mailing Address
4620 N.W. 34TH STREET GAINESVILLE FL 32605-1147	4620 N.W. 34TH STREET GAINESVILLE FL 32605-1147

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/31/1965
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-6509427 ☐ 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 (21) / Suite, Apt. #, etc. (22) / City & State (23) / Zip (24) / Country (25)

2a. Mailing Address (26) / Suite, Apt. #, etc. (27) / City & State (28) / Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

LITTRUP, VAUGHN
1717 NW 23RD AVE GB
GAINESVILLE FL 32605

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	D	☒ Change ☐ Addition
NAME	BRENDEMUHL, JOEL	12 NAME	Brendemuhl, Joel	
STREET ADDRESS	3239 NE 45TH AVE.	13 STREET ADDRESS	3239 NE 45th Ave	
CITY-ST-ZIP	GAINESVILLE FL	14 CITY-ST-ZIP	Gainesville Fl. 32605	
TITLE	D	21 TITLE	T/D	☐ Change ☒ Addition
NAME	WADE, GEORGE R	22 NAME	Littrup, Vaughn	
STREET ADDRESS	4430 NW 31ST TERRACE	23 STREET ADDRESS	1717 NW 23rd Ave GB	
CITY-ST-ZIP	GAINESVILLE FL	24 CITY-ST-ZIP	Gainesville, Fl 32605	
TITLE	SD	31 TITLE	[redacted] D	☐ Change ☒ Addition
NAME	KUHN, DANIAL	32 NAME	Sterner, David	
STREET ADDRESS	3427 SW 30TH TERRACE #53C	33 STREET ADDRESS	4913 NW 64 Blvd	
CITY-ST-ZIP	GAINESVILLE FL	34 CITY-ST-ZIP	Gainesville, Fl. 32653	
TITLE	D	41 TITLE	D	☐ Change ☒ Addition
NAME	ARNETT, TREY	42 NAME	Clouser, Rodney	
STREET ADDRESS	3724 NW 53RD TERRACE	43 STREET ADDRESS	10121 SW 56 Lane	
CITY-ST-ZIP	GAINESVILLE FL	44 CITY-ST-ZIP	Gainesville, Fl 32608	
TITLE	D	51 TITLE	P/D	☒ Change ☐ Addition
NAME	POWEL, GEORGE	52 NAME	Powel, George	
STREET ADDRESS	4143 NW 35TH STREET	53 STREET ADDRESS	4143 NW 35th Street	
CITY-ST-ZIP	GAINESVILLE FL	54 CITY-ST-ZIP	Gainesville, Fl 32605	
TITLE	D	61 TITLE	S/D	☐ Change ☒ Addition
NAME	FREAS, GORDON	62 NAME	Good, John	
STREET ADDRESS	4610 NW 16TH PL.	63 STREET ADDRESS	6304 NW 37th Drive	
CITY-ST-ZIP	GAINESVILLE FL	64 CITY-ST-ZIP	Gainesville, Fl 32653	

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: Vaughn Littrup 4/11/95 (904) 372-6101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000931