

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 709513

1. Entity Name

WESTSIDE CHRISTIAN CHURCH OF GAINESVILLE, FLORID

Principal Place of Business

4820 N.W. 34TH STREET
GAINESVILLE FL 32605-1199

Mailing Address

4820 N.W. 34TH STREET
GAINESVILLE FL 32605-1147

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

59-6509427

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

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

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 PD ☐ Delete
NAME LITTRUP, VAUGHN
STREET ADDRESS 1717 NW 23RD AVE GB
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ Change ☒ Addition
NAME Brendemuhl, Joel
STREET ADDRESS 3120 NW 29th terrace
CITY-ST-ZIP Gainesville, FL 32605

TITLE SD ☐ Delete
NAME POWEL, GEORGE
STREET ADDRESS 4143 NW 35TH STREET
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME FREAS, GORDON
STREET ADDRESS 4610 NW 16TH PL
CITY-ST-ZIP GAINESVILLE FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

Joel Brendemuhl
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00

Date

352 372 6104

Daytime Phone #

CR2E037 (9/99)