

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 22, 2007 8:00 am
Secretary of State

06-22-2007 90001 032 ****61.25

DOCUMENT # 713144

1. Entity Name

WESTSIDE BAPTIST CHURCH OF TITUSVILLE, INC.



Principal Place of Business

2801 WEST TROPIC STREET
TITUSVILLE FLA 32796

Mailing Address

2801 TROPIC ST
TITUSVILLE FL 32796
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (4/07)

4. FEI Number

59-1583706

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

REA, BOB
1685 SINGLETON AVE
TITUSVILLE FL 32796

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when installing)

DATE

FILE NOW: FEE IS \$61.25
Due By September 5, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME LINDSEY, CARL
STREET ADDRESS 1690 JAMES CIR
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE S ☒ Delete
NAME REG, DEBRA
STREET ADDRESS 1685 SINGLETON AVE
CITY-ST-ZIP TITUSVILLE FL 32796

TITLE V/T ☐ Delete
NAME BOB, REA
STREET ADDRESS 1685 SINGLETON AVE
CITY-ST-ZIP TITUSVILLE FL 32796

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE VP ☐ Change ☐ Addition
NAME Rea, Bob
STREET ADDRESS 1685 Singleton Ave.
CITY-ST-ZIP Titusville, FL 32796

TITLE T ☐ Change ☒ Addition
NAME Susan Stevens
STREET ADDRESS 2839 Westfield Dr.
CITY-ST-ZIP Titusville, FL 32796

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 exemptions contained in Chapter 119, 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:

Bob Rea, Vice-President

6/18/07 321-267-70104