FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

722026

(2)

WESTSIDE ASSEMBLY OF GOD, INC., OF AUBURNDALE, F

FILED
May 12 1998 8:00am
Secretary of State

4/20/98 (941)965-4565

2760 DOKE DAVE AUBURNOALE FL 33823 2760 DOKE DAVE 2760 DOK	Principal Place of Business Mailing Address						
AUBURNOALE FL 3823 AUBURN							
2. Principal Place of Business							11/08/1971
2. Principal Place of Business 2a. Melling Address 5. Certificate of Status Desired \$8.75 Addition \$200							1.55.00
Sulfe, Apt. #, etc. Trust Fund Contribution Added to Pee A	2 Principal Place of Business 2s Moiling Address						
27 City & State City & City & State City & City & State	21		26				Fee Required
City & State 28 28 29 29 30 20 28 29 30 20 20 20 20 20 20 20	— ` `	#, B(C.		⊢ ''			
Zip		9					
24			├ ─ ′				
9. Name and Address of Current Registered Agent DYER, TED L. 613 OAK ST AUBURNDALE FL 33823 82 Street Address (P.O. Box Number is Not Acceptable) 83 B4 City FL 85 Zip Code 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 regist office or registered agent, or both, in the State of Florida. Such change was subthorized by the corporation's board of directors. I hereby accept the appointment as registe agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE SIGNATU	Zip Country					8. This corporation owes or has paid the current year intangible	
DYER, TED L. 613 OAK ST AUBURNDALE FL 33823 64 City FL 85 Zip Code 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 registions of 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 registions agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or protect name of registroria agent and the # Appticable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PCD DYER, TED L. STREET ADDRESS 205-36TN ST. NW WINTER HAVEN FL 1.1 TITLE DYER, TED L. 22 NAME 23 SIRRET ADDRESS CITY-ST-ZIP NAME STOKES, FREEMAN RT 3 BOX 2730 AUBURNDALE FL DELETE 1.1 TITLE DELETE 2.1 TITLE DELETE 3.3 SIRRET ADDRESS 4.1 TITLE DELETE 1.1 TITL							
DYER, TED L. 613 OAK ST AUBURNDALE FL 33823 82 Street Address (P.O. Box Number is Not Acceptable) 83 P4 City FL 85 Zip Code 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 regist office or registered agent, or both in the State of Fonda, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registed agent, and familiar with, and accept the obligations of, Section 617,0503, Florida Statutes, Statutes agent, and familiar with, and accept the obligations of, Section 617,0503, Florida Statutes SIGNATURE SIGNATURE Dignature, typed or proted name of registrines depend and time if applicable (NOTE Registered Agent signature required when remaisting) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DYER, TED L. STREET ADDRESS CITY-ST-2P WINTER HAVEN FL DELETE 2.1 TITLE D Change AC CHANGE ACTIVEST-2P CHANGE SITIEL DELETE 3.1 TITLE D CHANGE ALCITY-ST-2P TITLE DELETE 3.1 TITLE ALCITY-ST-2P ALCITY-ST-2P TITLE DELETE 3.1 TITLE ALCITY-ST-2P TITLE D CHANGE ALCITY-ST-2P TITLE D CHANGE ALCITY-ST-2P TITLE D CHANGE ALCITY-ST-2P TITLE ALCITY-ST-2P TITLE D CHANGE ALCITY-ST-2P TITLE ALCITY-ST-2P TITLE ALCITY-ST-2P TITLE ALCITY-ST-2P ALCITY-ST-2P TITLE ALCITY-ST-2P		9. Name and Address of Currer	it Registered Agent		64	None	10. Name and Address of New Registered Agent
## City ## B\$ Zip Code 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 register office or registered agent, or both, in the Stato of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register agent. and flaminar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature Signature typed or printed name of registered agent and time if applicable (NOTE Registered Agent signature register dature register when nematicity) DATE 12.		W			"	Name	
AUBURNDALE FL 33823 84 City FL 85 Zip Code				82 Street Ad		Street Ad	tdress (P.O. Box Number is Not Acceptable)
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 regists 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 registe 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 registe 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 registe 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 registe 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 registe agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes. I am familiar with, and accept the obligations of S				Į	83		
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 regist 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 registe agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if appticable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 IIIILE NAME DYER, TED L. STREET ADDRESS CITY-ST-2IP WINTER HAVEN FL DELETE 1.1 TITLE D L DELETE 2.1 TITLE D L DELETE 2.1 TITLE D L STREET ADDRESS 265 36 ST NW 2.3 STREET ADDRESS 265 36 ST NW 2.4 CITY-ST-2IP WINTER HAVEN FL DELETE 3.1 TITLE D Change AC CHANGE A					84	City	85 Zip Code
SIGNATURE Signature Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE	41 Durayant	to the provisions of Sections 617 060	22 and 617 1509 Florida Stat	lutos the e	bour	nomod or	* *
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PCD NAME STREET ADDRESS CITY-ST-ZIP VITLE D SMIT, CHRISTOPHER L STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL D SMIT, CHRISTOPHER L STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL D SMIT, CHRISTOPHER L STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL D DELETE 1.1 TITLE D Change AC CHANGE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change AC CHANGE C	SIGNATURE						
TITLE PCD DELETE 1.1 TITLE 1.2 NAME NAME STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL DELETE 2.1 TITLE D DELETE 2.1 TITLE D DELETE DELETE DELETE DELETE DELETE DELETE D DELETE DELETE DELETE D DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE D DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE DELETE D DELETE DELE		_ <u></u>			d Age	nt signature rec	
NAME STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 2.1 TITLE DELETE 2.1 TITLE DELETE 3.1 STREET ADDRESS CITY-ST-ZIP DELETE 3.1 TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STOKES, FREEMAN STREET ADDRESS CITY-ST-ZIP TITLE NAME STOKES, FREEMAN STREET ADDRESS CITY-ST-ZIP TITLE DELETE 1.1 ITLE DELETE 3.1 TITLE 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE DELETE 4.1 TITLE DELETE 4.1 TITLE DELETE Change AC Chang	 -				TIE		
STREET ADDRESS CITY-ST-ZIP TITLE D SMIT, CHRISTOPHER L STREET ADDRESS CITY-ST-ZIP TITLE SMIT, CHRISTOPHER L STREET ADDRESS CITY-ST-ZIP TITLE D STOKES, FREEMAN STREET ADDRESS CITY-ST-ZIP TITLE NAME STOKES, FREEMAN STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAME NAME NAME NAME NAME NAME NAME NAME NAME NAME NAME NAME NAME NAME STOKES, STREET ADDRESS CITY-ST-ZIP DELETE DELETE 1.3 STREET ADDRESS 3.4 CITY-ST-ZIP AUBURNDALE FL DELETE 1.4 TITLE 1.5 TABLE 1.5 TABLE 1.5 TABLE 1.5 TABLE 1.5 TABLE 1.6 Change 1.6 Change 1.6 Change 1.7 Change 1.8 Change 1.8 CITY-ST-ZIP 1.8 CHANGE 1.8 CHANGE 1.8 CITY-ST-ZIP 1.8 CHANGE 1.8 CITY-ST-ZIP 1.8 CHANGE 1.8 CHANGE 1.8 CITY-ST-ZIP 1.8 CHANGE 1.8 CHAN	! '		CT Officia				E Stellage C. Houling
CITY-ST-ZIP WINTER HAVEN FL TITLE D SMIT, CHRISTOPHER L STREET ADDRESS CITY-ST-ZIP TITLE D STOKES, FREEMAN STREET ADDRESS CITY-ST-ZIP TITLE NAME STOKES, FREEMAN STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME						ADDRESS	
TITLE NAME SMIT, CHRISTOPHER L STREET ADDRESS CITY-ST-ZIP TITLE NAME STOKES, FREEMAN STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME NAME NAME NAME NAM	' ' '						
NAME STOKES, FREEMAN 3.2 NAME STREET ADDRESS RT 3 BOX 2730 3.3 STREET ADDRESS CITY-ST-ZIP AUBURNDALE FL 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME 4.2 NAME			DELETE			•	7) Change Addition
NAME STOKES, FREEMAN 3.2 NAME STREET ADDRESS RT 3 BOX 2730 3.3 STREET ADDRESS CITY-ST-ZIP AUBURNDALE FL 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME 4.2 NAME	NAME	SMIT, CHRISTOPHER L		2.2 N	AME	خ	Smith Christopher L.
NAME STOKES, FREEMAN 3.2 NAME STREET ADDRESS RT 3 BOX 2730 3.3 STREET ADDRESS CITY-ST-ZIP AUBURNDALE FL 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME 4.2 NAME	STREET ADDRESS	265 36 ST NW		2.3 S	TREET	ADDRESS 2	65 36Th. ST. NW
NAME STOKES, FREEMAN 3.2 NAME STREET ADDRESS RT 3 BOX 2730 3.3 STREET ADDRESS CITY-ST-ZIP AUBURNDALE FL 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME 4.2 NAME	CITY-ST-ZIP	1 7		2.40	2. 4 City-St-ZIP		Winter Haven FL
STREET ADDRESS RT 3 BOX 2730 3.3 STREET ADDRESS CITY-ST-ZIP AUBURNDALE FL 3.4 CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME 4.2 NAME	TITLE	D	☐ DELETE	3.1 Ti	3.1 TITLE		Change Addition
CITY-ST-ZIP AUBURNDALE FL 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME 4.2 NAME	NAME			3.2 N	AME		
TITLE DELETE 4.1 TITLE Change AC	STREET ADDRESS	•		3.3 S	TREET	ADDRESS	
NAME 4.2 NAME	CITY-ST-ZIP	AUBURNDALE FL		3.4. C	ITY-S	T-ZIP	
			☐ DELETE			}	L] Change L] Addition
							,
STREET ADDRESS 4.3 STREET ADDRESS	1 1						
CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Change Ac			T nei ete	_		r-ZIP	☐ Change ☐ Addition
			☐ nereit	1			
NAME 5.2 NAME 5.3 STREET ADDRESS	1			- 1		ADDRESS	
CITY-ST-ZIP 5.4 CITY-ST-ZIP						l.	
			☐ DELETE			, En	☐ Change ☐ Additio
NAME 6.2 NAME			-				
STREET ADDRESS 6.3 STREET ADDRESS						ADDRESS	
CITY-ST-ZIP 6.4 CITY-ST-ZIP							
14. Thereby 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 informal 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	14. Lhereby c	certify that the information supplied w	ith this filing does not qualify	for the exe	amnl	tion stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the information