

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90154 048 ****61.25

DOCUMENT # 722026

1. Entity Name

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

Principal Place of Business

**WESTSIDE ASSEMBLY OF GOD
 AUBURDALE FL 33823**

Mailing Address

**2780 DUPREE
 AUBURDALE FL 33823**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2265791

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DYER, TED L.
 613 OAK ST
 AUBURDALE FL 33823**

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 NAME Delete
**PCD
 DYER, TED L.
 265-36TH ST. NW
 WINTER HAVEN FL**

TITLE NAME Change Addition
**PCD
 Dyer Ted L
 613 OAK ST
 Auburndale FL 33823**

TITLE NAME Delete
**D
 STOKES, FREEMAN
 RT 3 BOX 2730
 AUBURDALE FL**

TITLE NAME Change Addition

TITLE NAME Delete
**DST
 ARNOLD, HELEN A
 P O BOX 296
 EATON PARK FL 33840**

TITLE NAME Change Addition
**DST
 HELENA BAILEY
 4130 INSON RD
 LAKELAND FL 33810**

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

TITLE NAME Delete

TITLE NAME Change Addition

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 all other like empowered.

SIGNATURE: *Helena Bailey* (HELENA Bailey)

1-15-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)