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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 725

725762 (9)

WEST SIDE BAPTIST CHURCH OF WEST PALM BEACH, INC

•									
Principal Place	of Business	Mailing Address .			1	T ENDERLY NORTH HOUSE BUILD IN DESCRIPT	III DIDII BIDII DIBI	61811 61811 81811 1 5 81	
200 ROYAL PALM BCH BLVD 200 ROYAL PALM BCH BL									
ROYAL PALA	A BCH FL 33411	ROYAL PALM BCH FL 33411							
US		US				Date Incorporated or Qualified	3a. Date of L	ast Recort	
						03/09/1973		5/1995	
2. Principal Pl	ace of Business	2a. Mailing Address	• ••			4. FEI Number	<u> </u>	Applied For	
21		26				59-222 1534		Not Applicable	
Suite, Apt. #, etc.		<u> </u>	Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional	
City & State		City & State					ee Required		
23		28				Election Campaign Financing Trust Fund Contribution	1 1	5.00 May Be dded to Fees	
Z _i p	Country	Zip	Count	ry		This corporation has liability for Int.			
24	25	29	30				Yes No	x 6. 100.002,	
	9. Name and Address of Curren	it Registered Agent				10. Name and Address of New Reg	Istered Agent		
*******			8	1 Nar	me				
TONEY LUFFMAN				2 Str	Street Address (P.O. Box Number is Not Acceptable)				
	NOUET WAY ORTH FL 33467		8	1					
CANE W	ORITI PL 33407		Ľ						
			8	4 City	/		FL 85	Zip Code	
11. Pursuant t	to the provisions of Sections 617.0502	and 617,1508, Florida Statute	es, the above	-named	d corporati	on submits this statement for the purpo	en of changing	its registered office	
or register familiar wit	ed agent, or both, in the State of Florid th, and accept the obligations of Secti	da. Such change was authorize 617.0503. Florida Statutes	ed by the cor	poratio	n's board	of directors. I hereby accept the appoin	tment as registe	red agent. I am	
SIGNATURE	Torus Ko will	TONY LUFF							
	Signature, typed of printed name of registery agent	and title if applicable (NO	TE: Registered Ag	ent signat	ture required w		24-94 DATE		
12.	OFFICE AND	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICE			
NAME	LAMERSON, SAMUEL REV.	XXDELETE	1.1 TOLE		l Éo	BERT W DeWITT	Chan	nge	
STREET ADDRESS	2015 PARKER AVENUE		1.2 NAM	: Et addre	140	62 STARDUST WAY			
CITY-ST-ZIP	WEST PALM BEACH FL		1.3 SINE			YAL PALM BEACH, I	FL 334	11	
TIFLE	D	DELETE	2.1 TITLE		 		Chan		
NAME	DAWES, E.P.		2.2 NAMI		D	DV DIEDMAN		• • •	
STREET ADDRESS	2819 HOLLY RD.		2.3 STRE	ET ADDRE	ss မိုဂို	DY BIERMAN S ORTEGA RD.			
CIJY-ST-ZIP	WEST PALM BEACH FL	· · · · · · · · · · · · · · · · · · ·	2 4 CITY			9 ORTEGA RD. ST PALM BEACH, FI	i 3340	5-1123	
TITLE	D MYERO LADDY	™ DELETE	31 TITLE		: ₽ _Т	LL PREVETTE	Chan	ge Addition	
NAME CIDILI ADDDESS	MYERS, LARRY 5710 COCONUT RD.		3 2 NAME		1 10	0. BOX 1312		İ	
STREET ADDRESS O'TY-ST-ZIP	WEST PALM BEACH FL		3 3 STREI			ST PALM BEACH, FI	. 3340	2_1312	
TITLE	D	DELETE	3.4. CITY 4.1 TITLE	-SI-ZIP		70000174		- 1	
NAME	LUFFMAN,TONY		4. 2 NAM		×#	-03/13/960102		Te Notition	
STREET ADDRESS	9059 BANQUET WAY		4.3 STREE	*	ss	***61.25	~ ~11		
CITY-S1-ZIP	LAKE WORTH FL		4.4 CITY -		.				
TITLE	S	IX DELETE	5.1 TITLE		D.	mp printers	Chang	ge Addition	
NAME	LAMERSON, CYNTHIA H.		5.2 NAME			TE BUNCH			
STREET ADDRESS	2015 PARKER AVE.		5.3 STREE	T ADDRES		448 49th RD. N.			
CITY-ST-ZIP	WEST PALM BEACH FL	Daties	54 CITY-	ST-ZIP	KO	YAL PALM BEACH, I		11-9155	
TILLE		DELETE	6 1 TITLE		BE	BORAH J LIFFMAN	Chang	ge Addition	
NAME STREET ADDRESS			6.2 NAME		lan	50 BANQUET WAY		686	
CITY-ST-ZIP			6.3 STREE			KE WORTH, FL 334	167-471	الأين ا	
14. I do hereby	y certify that the information supplied w	vith this filing is voluntarily furni	6.4 CITY- shed and do	oc not	overlift, for t	be supporting stated in Deaths 440.63	(D) (1) (D)		
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)(k), 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:

PHATURE AND THE OF PHINTED NAME OF SIGNING OFFICER OF DIRECTOR

3.5.96 (407)233-3976
Dete Desprise Phone #