

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 725762 (9)

1. Corporation Name

WEST SIDE BAPTIST CHURCH OF WEST PALM BEACH, INC

Principal Place of Business

200 ROYAL PALM BCH BLVD
ROYAL PALM BCH FL 33411
US

Mailing Address

200 ROYAL PALM BCH BLVD
ROYAL PALM BCH FL 33411-7636
US3. Date Incorporated or Qualified
03/09/19733a. Date of Last Report
03/11/1996

2. Principal Place of Business

21 Suite, Apt #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

29 Zip

30 Country

4. FEI Number

59-2221534

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

TONEY LUFFMAN
9053 BANQUET WAY
LAKE WORTH FL 33467

10. Name and Address of New Registered Agent

81 Name

Stephen Lamerson

82 Street Address (P.O. Box Number is Not Acceptable)

3193 Frost Rd.

83

84 City

W. Palm Beach

FL

85 Zip Code

33406

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 registered 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 registered agent, 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 applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	DEWITT, ROBERT W	
STREET ADDRESS	1062 STARDUST WAY	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BIERMAN, JODY	
STREET ADDRESS	909 ORTEGA RD.	
CITY-ST-ZIP	WEST PALM BEACH FL 33405-1123	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PREVETTE, BILL	
STREET ADDRESS	P.O. BOX 1312	
CITY-ST-ZIP	WEST PALM BEACH FL 33402-1312	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LUFFMAN, TONY	
STREET ADDRESS	9059 BANQUET WAY	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BUNCH, PETE	
STREET ADDRESS	11448 49TH RD. N.	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411-9155	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	LUFFMAN, DEBORAH J	
STREET ADDRESS	9050 BANQUET WAY	
CITY-ST-ZIP	LAKE WORTH FL 33467-4711	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Trustee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Stephen Lamerson	
1.3 STREET ADDRESS	3193 Frost Rd.	
1.4 CITY-ST-ZIP	West Palm Beach, FL 33406	
2.1 TITLE	Trustee	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Larry Myers	
2.3 STREET ADDRESS	5710 Coconut Rd	
2.4 CITY-ST-ZIP	West Palm Beach, FL 33413	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	Deacon	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Clude Tindale	
5.3 STREET ADDRESS	3906 67th St.	
5.4 CITY-ST-ZIP	West Palm Beach, FL 33413	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0041013

CR2E037 (9/96)