

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **726390** (8)

T. Corporation Name

**WEST SIDE CHURCH OF GOD IN CHRIST OF ESCAMBIA CO
UNTY, FLORIDA, INC.**

Principal Place of Business Mailing Address
**1230 W YONGE ST
PENSACOLA FL 32501
US** **1230 W YONGE ST
PENSACOLA FL 32501
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/11/1973	3a. Date of Last Report 05/01/1994
4. FEI Number 05-0088200	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 23. City & State 24. Zip 25. Country	2b. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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9. Name and Address of Current Registered Agent

**HUFF, COSTON JR
1230 W YONGE ST
PENSACOLA FL 32501**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and the date of signature

DATE Registered Agent signature required when necessary

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HUFF, COSTON JR
STREET ADDRESS	1230 W YONGE ST
CITY ST ZIP	PENSACOLA FL
TITLE	D
NAME	EVANS, PEARLIE MAE
STREET ADDRESS	1038 1/2 HAWTHORNE DR
CITY ST ZIP	PENSACOLA FL
TITLE	D
NAME	THOMAS, WILLIE R
STREET ADDRESS	209 WEBB ST
CITY ST ZIP	CANTONMENT FL
TITLE	D
NAME	CHIQUITA, LAFAGE J
STREET ADDRESS	1140 HAWTHORNE DR P
CITY ST ZIP	PENSACOLA FL
TITLE	D
NAME	EDWARDS, CORINE ANN
STREET ADDRESS	1120 WEST SCOTT STREET
CITY ST ZIP	PENSACOLA FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	D FRANKIE LEE HUFF
53 STREET ADDRESS	1230 W YONGE ST.
54 CITY ST ZIP	PENSACOLA, Florida 32501
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY ST ZIP	

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)(b), 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: *Coston Huff Jr.* *Coston HUFF JR.* *April 27, 1995* *(404) 4832-1917*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR