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FILED
May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 726390 (8)

1. Corporation Name
WEST SIDE CHURCH OF GOD IN CHRIST OF ESCAMBIA CO UNTY, FLORIDA, INC.

Principal Place of Business 1230 W YONGE ST PENSACOLA FL 32501 US	Mailing Address 1230 W YONGE ST PENSACOLA FL 32501-1527 US
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3. Date Incorporated or Qualified 05/11/1973	3a. Date of Last Report 05/01/1996
4. FEI Number 05-0088200	Applied For <input type="checkbox"/> 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
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	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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
85 Zip Code

FL

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. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	HUFF, COSTON JR
STREET ADDRESS	1230 W YONGE ST
CITY-ST-ZIP	PENSACOLA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	EVANS, PEARLIE MAE
STREET ADDRESS	1036 1/2 HAWTHORNE DR
CITY-ST-ZIP	PENSACOLA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	THOMAS, WILLIE R
STREET ADDRESS	209 WEBB ST
CITY-ST-ZIP	CANTONMENT FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CHIQUITA, LAFAGE J
STREET ADDRESS	1140 HAWTHORNE DR P
CITY-ST-ZIP	PENSACOLA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HUFF, FRANKIE LEE
STREET ADDRESS	1230 W YONGE ST.
CITY-ST-ZIP	PENSACOLA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P WATTS, KENNETH
1.3 STREET ADDRESS	5123 CRESTWOOD RD
1.4 CITY-ST-ZIP	PENSACOLA FL
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HUFF, COSTON JR
2.3 STREET ADDRESS	1230 W YONGE ST
2.4 CITY-ST-ZIP	PENSACOLA FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	EVANS, PEARLIE MAE
3.3 STREET ADDRESS	1036 1/2 HAWTHORNE DR
3.4 CITY-ST-ZIP	PENSACOLA FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	THOMAS, WILLIE R
4.3 STREET ADDRESS	209 WEBB ST
4.4 CITY-ST-ZIP	CANTONMENT FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JACKSON, CHIQUITA F
5.3 STREET ADDRESS	1140 HAWTHORNE DR P
5.4 CITY-ST-ZIP	PENSACOLA FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	HUFF, FRANKIE LEE
6.3 STREET ADDRESS	1230 W YONGE ST.
6.4 CITY-ST-ZIP	PENSACOLA FL

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: Coston Huff Date: April 25, 1997

Daytime Phone # 0072453

CFR2E037 (9/96)