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05-04-1999 90107 025 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 726390

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
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/11/1973

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

05-0088200

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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 *Coston Huff Jr.*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME WATTS, KENNETH
STREET ADDRESS 5123 CRESTWOOD DR.
CITY-ST-ZIP PENSACOLA FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D
NAME HUFF, COSTON JR.
STREET ADDRESS 1230 W. YONGE ST.
CITY-ST-ZIP PENSACOLA FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME EVANS, PEARLIE MAE
STREET ADDRESS 1036 1/2 HAWTHORNE DR.
CITY-ST-ZIP PENSACOLA FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME THOMAS, WILLIE R.
STREET ADDRESS 209 WEBB ST.
CITY-ST-ZIP CANTONMENT FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME JACKSON, CHIQUITA F.
STREET ADDRESS 1140 HAWTHORNE DR. P
CITY-ST-ZIP PENSACOLA FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME HUFF, FRANKIE LEE.
STREET ADDRESS 1230 W. YONGE ST.
CITY-ST-ZIP PENSACOLA FL

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *Coston Huff Jr.* REQUIRED April 23, 99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)