

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 726390

1. Entity Name:

WEST SIDE CHURCH OF GOD IN CHRIST OF ESCAMBIA CO

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90041 045 ****61.25

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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 05-0088200	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

HUFF, COSTON JR
 1230 W YONGE ST
 PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: *Coston Huff Jr* (NOTE: Registered Agent signature required when reinstating)
 DATE: April 17, 2000

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> Delete
NAME	WATTS, KENNETH
STREET ADDRESS	5123 CRESTWOOD DR.
CITY-ST-ZIP	PENSACOLA FL
TITLE	D <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	JACKSON, CHIQUITA F.
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Coston Huff Jr* DATE: April 17, 2000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (9/99)