2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **726390**

1. Entity Name

WEST SIDE CHURCH OF GOD IN CHRIST OF ESCAMBIA COUNTY, FLORIDA, INC.

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90206 043 ****61.25

Principal Plac	ce of Business	Mailing Address					
1230 W YONG PENSACOLA F US		1230 W YONGE ST PENSACOLA FL 32501 US) 	IIA BIIGR IISIR 18115 8017 819(1 816)1	0181L 210f1 8c8	II BIB IS I BS L
2. Principal P	Place of Business	3. Mailing Address					
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SP	PACE	
City & Stat	te	City & State		4. FEI Number	5-0088200	_ <u> </u>	plied For t Applicable
Zip	Country	Zip	Country	5. Certificate of St	stus Desired 🗀 \$	8.75 Add	litional
	6. Name and Address of Curre	l ent Registered Agent	<u> </u>	7. Name and Add	ress of New Registered Ag		
			Name		<u> </u>		
HUFF, CO 1230 W Y			Street Add	dress (P.O. Box Number is N	Not Acceptable)		
	LA FL 32501		City		FL	Zip Code	
8. The above	e named entity submits this statemen	t for the purpose of changing its	registered office or r	registered agent, or both, in		<u> </u>	
		1/40	Togistored amod ar t	bysiciou agon, or boar, in	and diate of Fidinal.		
্য SIGNATURE	(Oston 9	Hust h.					
SIGNATORE,	Signature, typed or printed name of registered as	gent and tive if toplicable. (NOTE	E: Registered Agent signature	e required when reinstating)	DATE ~		
***************************************	FILE NOW: FEE IS \$61.25		mpaign Financing	\$5.00 May Be	Make Check		
·			Contribution 1	1 4 1 1 - 4 1 - E 1	Physical and the second		1
••		Trust Fulla C	Contribution.	Added to Fees	Department	t of State	
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10. TITLE	P		11.	- 7,0000 10 7 000	S TO OFFICERS AND DIRE		
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10. TITLE NAME STREET ADDRESS	P Watts, Kenneth 5123 Crestwood Dr.	DIRECTORS	11. TITLE NAME STREET ADDRESS	- 7,0000 10 7 000	S TO OFFICERS AND DIRE	CTORS IN	10
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WATTS, KENNETH 5123 CRESTWOOD DR. PENSACOLA FL	DIRECTORS Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	- 7,0000 10 7 000	ES TO OFFICERS AND DIRE	CTORS IN	10 Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATORE AND TYPED OR PRINTED NAME OF SIGNING OF FIGER OR DIRECTOR

OSTON HUFF JK

March 10, 200 Z