

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726390

FILED
Apr 09, 2009
Secretary of State

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

Current Principal Place of Business:

2313 NORTH G STREET
PENSACOLA, FL 32501 US

New Principal Place of Business:

Current Mailing Address:

1230 W YONGE ST
PENSACOLA, FL 32501 US

New Mailing Address:

FEI Number: 05-0088200

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WATTS, KENNETH
Address: 5123 CRESTWOOD DR.
City-St-Zip: PENSACOLA, FL

Title: D () Delete
Name: HUFF, COSTON JR.
Address: 1230 W. YONGE ST.
City-St-Zip: PENSACOLA, FL

Title: D () Delete
Name: EVANS, PEARLIE MAE
Address: 1163 WEBSTER DRIVE
City-St-Zip: PENSACOLA, FL 32502

Title: D () Delete
Name: THOMAS, WILLIE R.
Address: 209 WEBB ST.
City-St-Zip: CANTONMENT, FL

Title: D () Delete
Name: HUFF, FRANKIE LEE.
Address: 1230 W. YONGE ST.
City-St-Zip: PENSACOLA, FL

Title: D () Delete
Name: WATTS, RALPH
Address: 1221 EL PASO CIR.
City-St-Zip: PENSACOLA, FL 32505

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COSTON HUFF

D

04/09/2009

Electronic Signature of Signing Officer or Director

Date