

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727442 (6)
1. Corporation Name
WEST SIDE BAPTIST CHURCH OF ZEPHYRHILLS, FLA., I NC.

Principal Place of Business

33931 STATE ROAD 54 WEST
ZEPHYRHILLS FL 33543

Mailing Address

33931 STATE ROAD 54 WEST
ZEPHYRHILLS FL 33543



3. Date Incorporated or Qualified
09/13/1973

3a. Date of Last Report
04/11/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MASTERS, JOHN W. JR. DR.
35115 PERCH DRIVE
ZEPHYRHILLS FL 33541**

81 Name

Katherine M. Brewer

82 Street Address (P.O. Box Number is Not Acceptable)

5801 Gall Boulevard

83

Zephyrhills, FL 33541

84 City

FL 85 Zip Code

33541

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 *Katherine M. Brewer*
Signature, typed or printed name of registered agent and title if applicable.

Katherine M. Brewer

4-11-96

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
WHITFIELD, GENE
38708 ALTHEA LANE
ZEPHYRHILLS FL**

☐ DELETE

1.1 TITLE

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
BREWER, KATHERINE
39152 11 AVE
ZEPHYRHILLS FL**

☐ DELETE

2.1 TITLE

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HOTCHKISS, JACK
9840 KINGSMERE ROAD
DADE CITY FL**

☐ DELETE

3.1 TITLE

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Katherine M. Brewer*

Katherine M. Brewer

813-788-7608

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)