## 2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 11, 2004 8:00 am Secretary of State **DOCUMENT # 727442** 1. Entity Name 02-11-2004 90005 005 \*\*\*\*61.25 WEST SIDE BAPTIST CHURCH OF ZEPHYRHILLS, FLA., INC. Principal Place of Business Mailing Address 33931 STATE ROAD 54 WEST ZEPHYRHILLS FL 33543 33931 STATE ROAD 54 WEST ZEPHYRHILLS FL 33543 ススレリひょる・ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State City & State Applied For 4. FEI Number 59-2485882 Not Applicable Zip Zip: - Country-Country \$8.75 Additional -5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JAMES BREWER, KATHERINE M 5801 GALL BLVD ZEPHYRHILLS FL 33541 Zip Code 33540 phurhi 8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE Change Addition ALLEGOOD, JAMES NAME NAME 3708 FLORIDA RANCH BLVD STREET ADDRESS STREET ADDRESS AEPHYRHILLS FL 33540 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition BREWER, KATHERINE Lewis, Roberta 34408 ST. Rd. 546 #47 NAME NAME 39152 11 AVE STREET ADDRESS STREET ADDRESS ZEPHYRHILLS FL-33540 CITY-ST-ZIP CITY-ST-ZIP Zephyrhills, Fl. 33543 TITLE ☐ Delete TITLE Change ☐ Addition BLACKWELL, HERBERT D. NAME 39340 8TH AVE STREET ADDRESS STREET ADDRESS ZEPHYRHILLS FL 33540 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby 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 any attachment with an address, with all other like empowered.

**FILED** 

813-782-4242