

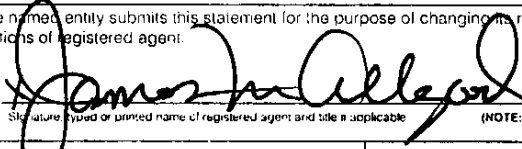
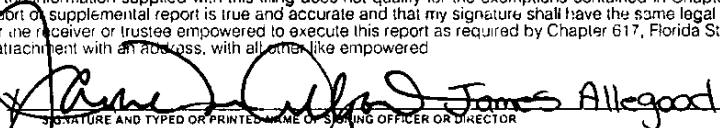
2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # 727442					
1. Entity Name WEST SIDE BAPTIST CHURCH OF ZEPHYRHILLS, FLA., INC.					
Principal Place of Business 33931 STATE ROAD 54 WEST ZEPHYRHILLS, FL 33543			Mailing Address 33931 STATE ROAD 54 WEST ZEPHYRHILLS, FL 33543		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2485882	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALLEGOOD, JAMES 3708 FLORIDA RANCH BLVD. ZEPHYRHILLS, FL 33540			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ALLEGOOD, JAMES 3708 FLORIDA RANCH BLVD AEPHYRHILLS, FL 33540 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000137780890 11/10/08--01027--001 **61.25 STD Bobbie Lee 39621 Sunburst Drive Dade City, FL 33525 ☒ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LEWIS, ROBERTA 34408 ST RD. 54W #47 ZEPHYRHILLS, FL 33543 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BLACKWELL, HERBERT D. 39340 8TH AVE ZEPHYRHILLS, FL 33540 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  11-5-09 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

11/12/08