

# 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 # **731525** (2)

1. Corporation Name

**WESTSIDE PENTECOSTAL CHURCH, INC.**

Principal Place of Business

6102 FILLMORE ST.  
HOLLYWOOD FLORIDA 33024-7934

Mailing Address

6102 FILLMORE ST.  
HOLLYWOOD FLORIDA 33024-7934



3. Date Incorporated or Qualified  
**12/31/1974**

3a. Date of Last Report  
**08/10/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
**59-1999829**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOVINS, DOUGLAS R.  
19314 NW 12TH ST.  
PEMBROKE PINES FL 33029

81 Name

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

83

84 City

**FL**

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DT	<input type="checkbox"/> DELETE
NAME	ROBERTS, ARTIE	
STREET ADDRESS	5815 BUCHANAN	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VOZZOLA, GENE	
STREET ADDRESS	2488 RODMON STREET	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LOVINS, W AL	
STREET ADDRESS	11231 NW 19TH ST	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	THRIFT, GLORIDA	
STREET ADDRESS	6741 SW 10TH COURT	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GILLIAN, NELL	
STREET ADDRESS	6125 SW 38TH ST	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LOVINS, ROBERT	
STREET ADDRESS	11231 NW 19TH ST.	
CITY-ST-ZIP	PEMBROKE PINES FL	

1.1 TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Artie Roberts	
1.3 STREET ADDRESS	5815 BUCHANAN	
1.4 CITY-ST-ZIP	Hollywood FL	
2.1 TITLE	DT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Smith, Warren	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LOVINS, W AL	
3.3 STREET ADDRESS	11231 NW 19th St	
3.4 CITY-ST-ZIP	Pembroke Pines FL	
4.1 TITLE	PR. Douglas R. Lovins	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	19314 NW 12th St	
4.4 CITY-ST-ZIP	Pembroke Pines FL	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Gillian, Nell	
5.3 STREET ADDRESS	6125 SW 38th St	
5.4 CITY-ST-ZIP	Miramar FL	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Gillian Ed	
6.3 STREET ADDRESS	6125 SW 38th St	
6.4 CITY-ST-ZIP	MIRAMAR FL	

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 19.07(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:

*Rev. W. Al. Lovins* VP & Sec 3-8-96 (305) 432-0235  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)