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May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 731525 (2)

1. Corporation Name
WESTSIDE PENTECOSTAL CHURCH, INC.

Principal Place of Business 6102 FILLMORE ST. HOLLYWOOD FLORIDA 33024-7834	Mailing Address 6102 FILLMORE ST. HOLLYWOOD FLORIDA 33024-7834
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 12/31/1974
4. FEI Number 59-1899829
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> DELETE
NAME	ROBERTS, ARTIE	
STREET ADDRESS	5815 BUCHANAN	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SMITH, WARREN	
STREET ADDRESS	2468 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	P	<input type="checkbox"/> DELETE
NAME	LOVINS, DOUGLAS R.	
STREET ADDRESS	19314 NW 12TH ST	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GILLIAN, NELL	
STREET ADDRESS	6125 SW 38TH ST	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GILLIAN, ED	
STREET ADDRESS	6125 SW 38TH ST	
CITY-ST-ZIP	MIRAMAR FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROBERTS, ARTIE
1.3 STREET ADDRESS	5815 BUCHANAN
1.4 CITY-ST-ZIP	HOLLYWOOD, FL
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SMITH, WARREN
2.3 STREET ADDRESS	2468 RODMON STREET
2.4 CITY-ST-ZIP	HOLLYWOOD, FL
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LOVINS, W AL
3.3 STREET ADDRESS	11231 NW 19TH STREET
3.4 CITY-ST-ZIP	PEMBROKE PINES, FL
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LOVINS, DOUGLAS R.
4.3 STREET ADDRESS	19314 NW 12 STREET
4.4 CITY-ST-ZIP	PEMBROKE PINES, FL
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D SPARKS, IRENE
5.3 STREET ADDRESS	6532 EATON STREET
5.4 CITY-ST-ZIP	HOLLYWOOD, FL 33024
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	GILLIAN, ED
6.3 STREET ADDRESS	6125 SW 38 STREET
6.4 CITY-ST-ZIP	MIRAMAR, FL

14. I hereby 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 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: *Ed Gillian* *Artie Roberts* *Warren Smith* *W Al Lovins* *Douglas R. Lovins* *Irene Sparks* *5/12/98 954-432-2566*

CR2E037 (10/97)