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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90190 001 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 731525

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

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/31/1974	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1999829	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

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

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

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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, ARTIE	1.2 NAME	
STREET ADDRESS	5815 BUCHANAN	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, WARREN	2.2 NAME	Weber, Paula
STREET ADDRESS	2468 RODMON STREET	2.3 STREET ADDRESS	2607 Gulfstream Dr.
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	Miramar, FL 33023
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVINS, W AL	3.2 NAME	V.P. Handy, Leland R.
STREET ADDRESS	11231 NW 19TH ST	3.3 STREET ADDRESS	9472 SW 52nd Place
CITY-ST-ZIP	PEMBROKE PINES FL	3.4 CITY-ST-ZIP	Cooper City, FL 33328
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVINS, DOUGLAS R.	4.2 NAME	
STREET ADDRESS	19314 NW 12TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROOKE PINES FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPARKS, IRENE	5.2 NAME	
STREET ADDRESS	6532 EATON STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33024	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLIAN, ED	6.2 NAME	Handy, Leland R.
STREET ADDRESS	6125 SW 38TH ST	6.3 STREET ADDRESS	9472 SW 52nd Place
CITY-ST-ZIP	MIRAMAR FL	6.4 CITY-ST-ZIP	Cooper City, FL 33328

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-29-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)