## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 731525**

FILED Apr 26, 2007 Secretary of State

Entity Name: WESTSIDE PENTECOSTAL CHURCH, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	MORE ST. OOD, FL 330247934				
	5 5 D, 1 E 5002 47 504				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	MORE ST. OOD, FL 330247934	ŀ			
El Numbe	r: 59-1999829 FEI	Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
lame and	d Address of Currer	nt Registered Agent:	Name and Address	of New Registered Agent:	
8908 LYM	DOUGLAS R. ESTONE DR CITY, FL 33026 U	US			
	e named entity submi e of Florida.	ts this statement for the p	ourpose of changing its register	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electronic Sig	nature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
itle: lame: .ddress: city-St-Zip:	D ( ) Delete GRAY BEAL, PERSHE 29 BLUEBIRD AVE HOLLYWOOD, FL 33	ETTA	Title: Name: Address: City-St-Zip:	() Change () Addition	
ïtle: lame:	D () Delete CAMPBELL, LABELL		Title: Name: Address:	( ) Change ( ) Addition	
ddress: City-St-Zip:	225 N. 62 AVE. APT. # HOLLYWOOD, FL 33		City-St-Zip:		
ddress: City-St-Zip: Citle: Lame: ddress:	225 N. 62 AVE. APT. #	024 ∋		()Change ()Addition	
ddress:	225 N. 62 AVE. APT. # HOLLYWOOD, FL 33 VD ( ) Delete CAMPBELL, ELI 6137 DAWSON ST	024 023 e	City-St-Zip: Title: Name: Address:	( ) Change ( ) Addition ( ) Change ( ) Addition	
ddress: ity-St-Zip: itle: lame: ddress: ity-St-Zip: itle: ame: ddress:	225 N. 62 AVE. APT. # HOLLYWOOD, FL 33  VD ( ) Delete CAMPBELL, ELI 6137 DAWSON ST HOLLYWOOD, FL 33  P ( ) Delete LOVINS, DOUGLAS R 3908 LYMESTONE DE	0024 0023 0023 0023 0026	City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS LOVINS P 04/26/2007