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Feb 14 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 757460

(1)

1. Corporation Name

WESTSIDE ALLIANCE CHURCH OF WEST PALM BEACH, INC
., OF THE CHRISTIAN AND MISSIONARY ALLIANCE OF

Principal Place of Business

2385 N. MILITARY TRAIL
WEST PALM BEACH FL 33409

Mailing Address

2385 N. MILITARY TRAIL
WEST PALM BEACH FL 33409-28043. Date Incorporated or Qualified
04/08/19813a. Date of Last Report
04/18/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 P.O. Box 15633

27 Suite, Apt. #, etc.

28 City & State

WEST PALM BEACH, FL

29 Zip

33416

30 Country

PALM BEACH

4. FEI Number
59-2346850Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RICHERT, GEORGE E
736 ELAINE RD
WEST PALM BEACH FL 33413

10. Name and Address of New Registered Agent

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

TITLE P ☐ DELETENAME WADE, CHARLES W.
STREET ADDRESS 305 WOODLAWN DRIVE
CITY-ST-ZIP TOCCOA GATITLE VD ☐ DELETENAME RICHERT, GEORGE E
STREET ADDRESS 736 ELAINE RD
CITY-ST-ZIP WEST PALM BCH FLTITLE S ☐ DELETENAME SHOAF, PAUL D
STREET ADDRESS 2662 N OLD MILITARY TR
CITY-ST-ZIP WEST PALM BCH FLTITLE TD ☐ DELETENAME LEWIS, JESSE W.
STREET ADDRESS 3970 PENSACOLA DR
CITY-ST-ZIP LANTANA FLTITLE SD ☐ DELETENAME JOSEPHSON, HANS L
STREET ADDRESS 2055 E CAROL CR
CITY-ST-ZIP WEST PALM BCH FLTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/97

Date

561-686-6452

Daytime Phone # 0040771

CR2E037 (9/96)