

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 758559 (9)**  
1. Corporation Name  
**WESTSIDE CHURCH OF CHRIST OF PUTNAM COUNTY, INC.**



Principal Place of Business <b>RT 3 BOX 1767 PALATKA FL 32177-9531</b>	Mailing Address <b>RT 3 BOX 1767 PALATKA FL 32177-9531</b>
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<b>2.</b> Principal Place of Business	<b>2a.</b> Mailing Address	<b>3.</b> Date Incorporated or Qualified <b>05/28/1981</b>	<b>3a.</b> Date of Last Report <b>02/07/1996</b>
<b>21</b> Suite, Apt #, etc.	<b>26</b> Suite, Apt #, etc.	<b>4.</b> FEI Number <b>59-2281364</b>	Applied For <input type="checkbox"/> Not Applicable
<b>22</b> City & State	<b>27</b> City & State	<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>23</b> Zip	<b>28</b> Zip	<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>24</b> Country	<b>29</b> Country	<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b>		<b>10. Name and Address of New Registered Agent</b>	
<b>SIEGEL, BERNARD RT 3, BOX 1767 PALATKA FL 32077</b>		<b>81</b> Name	
		<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
		<b>83</b>	
		<b>84</b> City	<b>FL 85</b> Zip Code <b>32177</b>

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SADLER, WILLIAM</b>	1.2 NAME	
STREET ADDRESS	<b>211 WESTOVER CIRCLE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALATKA FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NESMITH, LAMAR</b>	2.2 NAME	
STREET ADDRESS	<b>217 CRESTWOOD AVENUE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALATKA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SIEGEL, BERNARD</b>	3.2 NAME	
STREET ADDRESS	<b>RT 3, BOX 1767</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALATKA, FL 00000</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: William Sadler Director 904-329-0020  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 8003684

CR2E037 (9/96)