


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$41.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 758559 1. Corporation Name WESTSIDE CHURCH OF CHRIST OF PUTNAM COUNTY, INC.		

FILED
 99 JUL 29 PM 1:44
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business RT 3 BOX 1767 PALATKA FL 32177-9531	Mailing Address RT 3 BOX 1767 PALATKA FL 32177-9531
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72699 90013/048 \$61.25

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 05/28/1981
22 City & State	27 City & State	4. FEI Number 50-2281364
23 Zip	28 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip	25 Country	29 Zip
26 Country	30 Zip	31 Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
SEIGEL, BERNARD
 RT 3, BOX 1787
 PALATKA FL 32077

10. Name and Address of New Registered Agent
 81 Name **MOORE, WILLIAM M.**
 82 Street Address (P.O. Box Number is Not Acceptable)
207 STILLWELL AVE.
 83
 84 City **PALATKA** FL 85 Zip Code **32177**

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 William M. Moore DATE 7/12/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	STD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SADLER, WILLIAM	1.2 NAME	WILLIAM M. MOORE
STREET ADDRESS	211 WESTOVER CIRCLE	1.3 STREET ADDRESS	207 STILLWELL AVE
CITY-ST-ZIP	PALATKA FL	1.4 CITY-ST-ZIP	PALATKA, FL- 32177
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	NESMITH, LAMAR	2.2 NAME	
STREET ADDRESS	217 CRESTWOOD AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	2.4 CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	
NAME	SEIGEL, BERNARD	3.2 NAME	
STREET ADDRESS	RT 3, BOX 1767	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA, FL 00000	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	
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	
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	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 file this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or as an addendum with an address, with all other lists empowered.
 SIGNATURE: William M. Moore SIGNATURE REQUIRED 7-4-99 (904) 328-3876

CRZE037 (5/99)