

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90001 002 ****61.25

DOCUMENT # 758559

1. Entity Name

WESTSIDE CHURCH OF CHRIST OF PUTNAM COUNTY, INC.

Principal Place of Business

RT 3 BOX 1767
 PALATKA FL 32177-9531

Mailing Address

RT 3 BOX 1767
 PALATKA FL 32177-9531

2. Principal Place of Business

210 Peniel Rd.
 Suite, Apt. #, etc.

3. Mailing Address

207 Stillwell Av
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Palatka FL

City & State

Palatka FL

4. FEI Number

59-2281364

Applied For

Not Applicable

Zip

32177

Country

USA

Zip

32177

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, WILLIAM M
207 STILLWELL AVENUE
PALATKA FL 32172

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | SADLER, WILLIAM | |
| STREET ADDRESS | 211 WESTOVER CIRCLE | |
| CITY-ST-ZIP | PALATKA FL | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | NESMITH, LAMAR | |
| STREET ADDRESS | 217 CRESTWOOD AVENUE | |
| CITY-ST-ZIP | PALATKA FL | |
| TITLE | STD | <input type="checkbox"/> Delete |
| NAME | MOORE, WILLIAM M | |
| STREET ADDRESS | 207 STILLWELL AVENUE | |
| CITY-ST-ZIP | PALATKA FL 32177 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William M. Moore REQUIRED WILLIAM M. MOORE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/2001

Date

(904) 228-3876

Daytime Phone #

CR2E037 (10/00)