

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**May 09, 2006 8:00 am**  
**Secretary of State**

04-20-2006 90204 022 \*\*\*\*61.25

**DOGUMENT # 758559**  
 1. Entity Name  
**WESTSIDE CHRUCH OF CHRIST OF PUTNAM COUNTY, INC.**



Principal Place of Business Mailing Address  
**210 PENIEL RD PALATKA FL 32177** **207 STILLWELL AVE PALATKA FL 32177**



2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State City & State  
 Zip Country Zip Country

4. FEI Number **59-2281364** Applied For Not Applicable  
 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 32177**

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. I am familiar with, and accept the obligations of registered agent.  
 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**  
**Due By May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                           |                                            |
|----------------|---------------------------|--------------------------------------------|
| TITLE          | D                         | <input checked="" type="checkbox"/> Delete |
| NAME           | NESMITH, LAMAR            |                                            |
| STREET ADDRESS | 143 HIAWATHA CT           |                                            |
| CITY-ST-ZIP    | EAST PALATKA FL 32131     |                                            |
| TITLE          | STD                       | <input type="checkbox"/> Delete            |
| NAME           | MOORE, WILLIAM M          |                                            |
| STREET ADDRESS | 207 STILLWELL AVENUE      |                                            |
| CITY-ST-ZIP    | PALATKA FL 32177          |                                            |
| TITLE          | D                         | <input type="checkbox"/> Delete            |
| NAME           | STARLING, ED              |                                            |
| STREET ADDRESS | 7453 COUNTY RAOD 315      |                                            |
| CITY-ST-ZIP    | KEYSTONE HEIGHTS FL 32656 |                                            |
| 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          | D                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Jerry B. Kelley        |                                                                              |
| STREET ADDRESS | PO Box 548             |                                                                              |
| CITY-ST-ZIP    | Florida home, FL 32140 |                                                                              |
| 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            |
| NAME           |                        |                                                                              |
| STREET ADDRESS |                        |                                                                              |
| CITY-ST-ZIP    |                        |                                                                              |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 William M. Moore 4-1-06 (386) 328-3276  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #