

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 16 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 760005 (9)
 1. Corporation Name
 WESTSIDE CHRISTIAN CHURCH, INC.



Principal Place of Business Mailing Address
 3604 15TH AVE. WEST BRADENTON FL 34205
 WESTSIDE CHRISTIAN CHURCH
 3604 15TH AVENUE WEST
 BRADENTON FL 34205
 US

3. Date Incorporated or Qualified
 09/11/1981
 4. FEI Number
 59-2158207
 Applied For
 Not Applicable

2. Principal Place of Business 2a. Mailing Address
 21 Sulte, Apt. #, etc. 26 Sulte, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 29 Zip Country 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 VINCENT, H. DEAN
 3604 15TH AVENUE WEST
 BRADENTON FL 34205

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRY, H CURTIS	1.2 NAME	BANTA, ERIC
STREET ADDRESS	8618 26 AVE E	1.3 STREET ADDRESS	3301 CEDAR ST.
CITY-ST-ZIP	PALMETTO FL	1.4 CITY-ST-ZIP	ELLENTON, FL 34222
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LESTER, DAVID F	2.2 NAME	MOSHER, DILLIE
STREET ADDRESS	3319 SPRINGHILL CIRCLE	2.3 STREET ADDRESS	3006 WILDERNESS BLVD W.
CITY-ST-ZIP	SARASOTA FL 34239	2.4 CITY-ST-ZIP	PARISH, FL 34219
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINCENT, H. DEAN	3.2 NAME	
STREET ADDRESS	6318 MAUI DRIVE	3.3 STREET ADDRESS	4747 RAINTREE ST. CIRCLE E
CITY-ST-ZIP	BRADENTON FL 34207	3.4 CITY-ST-ZIP	BRADENTON, FL 34203
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	RICE, HOMER
STREET ADDRESS		4.3 STREET ADDRESS	1217 21st AVE. WEST
CITY-ST-ZIP		4.4 CITY-ST-ZIP	BRADENTON, FL 34221
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	STOGSDILL, WILLIS W.
STREET ADDRESS		6.3 STREET ADDRESS	4814 GLEN DR. WEST
CITY-ST-ZIP		6.4 CITY-ST-ZIP	BRADENTON, FL 34210
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 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: Willis W. Stogsdill Willis W. Stogsdill 7/13/98 (94) 7587888
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time/Phone #

CR2E037 (5/98)