

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90087 031 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 760005**

1. Corporation Name  
**WESTSIDE CHRISTIAN CHURCH, INC.**

Principal Place of Business 3604 15TH AVE. WEST BRADENTON FL 34205	Mailing Address WESTSIDE CHRISTIAN CHURCH 3604 15TH AVENUE WEST BEADENTON FL 34205 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/11/1981
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2158207
22 City & State	27 City & State	Applied For <input type="checkbox"/> Not Applicable
23 Zip Country	28 Zip Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24	25	29
24 Zip	25 Country	29 Zip
30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	

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 **ERIC BANTA**

82 Street Address (P.O. Box Number is Not Acceptable)  
**3301 CEDAR STREET**

83

84 City **ELLENTON FL** 85 Zip Code **34222**

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 **ERIC BANTA CHAIRMAN** *[Signature]* DATE **1-11-98**

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BANTA, ERIC	
STREET ADDRESS	3301 CEDAR STREET	
CITY-ST-ZIP	ELLENTON FL 34222	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MOSHER, OLLIE	
STREET ADDRESS	3006 WILDERNESS BLVD W	
CITY-ST-ZIP	PARRISH FL 34219	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VINCENT, H. DEAN	
STREET ADDRESS	4747 RAINTREE ST CIRCLE E	
CITY-ST-ZIP	BRADENTON FL 34203	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICE, HOMER	
STREET ADDRESS	1217 21ST AVENUE WEST	
CITY-ST-ZIP	BRADENTON FL 34221	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STOGSDILL, WILLIS W	
STREET ADDRESS	4814 63RD DRIVE WEST	
CITY-ST-ZIP	BRADENTON FL 34210	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 with all other like empowered.

SIGNATURE: *[Signature]* WILLIS W STOGSDILL 1-10-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)