2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 760005** Feb 03, 2000 8:00 am 1. Entity Name **Secretary of State** WESTSIDE CHRISTIAN CHURCH, INC. 02-03-2000 90004 006 ****61.25 Principal Place of Business Mailing Address 3604 15TH AVE. WEST WESTSIDE CHRISTIAN CHURCH **BRADENTON FL 34205** 3604 15TH AVENUE WEST **BEADENTON FL 34205-1519** US 2. Principal Place of Business 3. Mailing Address WESTEIDE CHRISTIAN CHURCH Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State 59-2158207 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) BANTA, ERIC 3301 CEDAR ST **ELLENTON FL 34222** Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing **FILE NOW:** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TREASURER Addition □ Delete TITLE ☐ Change TITLE TOM MAUST BANTA, ERIC NAME NAME 7504 17th AVE NIW STREET ADDRESS 3301 CEDAR STREET STREET ADDRESS BRADENTON , FL 34209 CITY-ST-ZIP **ELLENTON FL 34222** MAX SMITH ☐ Change ✓ Addition ☐ Delete TITLE TITLE NAME RICE, HOMER NAME 808 53 RD AVE E. 242-I STREET ADDRESS STREET ADDRESS 1217 21ST AVENUE WEST CITY-ST-ZIP CITY-ST-ZIP BRADENTON, FL **BRADENTON FL 34221** = - Delete Change Addition TITLE TITLE STOGSDILL. WILLIS W NAME NAME STREET ADDRESS 4814 63RD DRIVE WEST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL 34210 ☐ Addition Change ☐ Delete TITLE TITLE سند بهراه دراند NAME the state of STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 ERECTOR DIRECTOR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR