2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR) ---

DOCUMENT # 763373

1. Entity Name



FILED Feb 19, 2007 08:00 AM **Secretary of State**

| TRUSTEE CORPORATION OF | WESTSIDE BAPTIST | CHUR |
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| CH INC | | |

Principal Place of Business Mailing Address 777 COLFAX AVE 777 COLFAX AVE **DAYTONA BCH FL 32114-1718 DAYTONA BCH FL 32114-1718** 2. Principal Place of Business - No PO. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apl. #, etc. 1st MOORE CR2E037 (10/06) City & State City & State Applied For 4. FEI Number 59-1088647 Not Applicable Zıp Country Žίο Country \$8.75 Additional 5. Certificate of Status Dosired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo ALDAY, LENORA Street Address (P.O. Box Number is Not Acceptable) 777 COLFAX AVE DAYTONA BCH FL 32014 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 little if applicable, DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. TITLE D ШЕ ☐ Delete Change U00000642613 Addition NAME DENNIS, JACK NAME 03/01/07-80051-008 61.25 STREET ADDRESS 1032 SIXTH ST STREET ADDRESS CITY - ST - ZIP CITY-S1-ZIP DAYTONA BEACH FL 32117 Delete THILE ☐ Change ☐ Addition NAME EFFRAIN, DONALD STREET ADDRESS 3 OCEANS WEST BLVD APT 2A8 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DAYTONA BEACH SHORES FL 32118 TITLE Detete TITLE ☐ Change ☐ Addition NAME NAME EFFRAIN, DONALD STREET ADDRESS STREET ADDRESS 3 OCEAN WEST BLVD APT 2A8 CITY-SI-ZIP CITY+S1-7IP DAYTONA BEACH SHORES FL 32118

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 logal effect as if made under eath, 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 placed on an officer 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

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