

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90009 026 ****61.25

DOCUMENT # 763373

1. Entity Name

TRUSTEE CORPORATION OF WESTSIDE BAPTIST CHUR
CH, INC.



Principal Place of Business

777 COLFAX AVE
DAYTONA BCH FL 32114-1718

Mailing Address

1085 MASON AVE.
777 COLFAX AVE
DAYTONA BCH FL 32114-1718
32117



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number 59-1088647

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALDAY, LENORA
777 COLFAX AVE
DAYTONA BCH FL 32014

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 re-registering)

DATE

FILE NOW. FEE IS \$61.25
Due By May 1, 2008

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME DENNIS, JACK
STREET ADDRESS 1032 SIXTH ST
CITY- ST- ZIP DAYTONA BEACH FL 32117

TITLE ☒ Change ☐ Addition
NAME EFFRAIN, DONALD
STREET ADDRESS 3 OCEANS WEST BLVD APT 2A8
CITY- ST- ZIP DAYTONA BEACH, SHORES, FL 32118

TITLE SDVD ☐ Delete
NAME EFFRAIN, DONALD
STREET ADDRESS 3 OCEANS WEST BLVD APT 2A8
CITY- ST- ZIP DAYTONA BEACH SHORES FL 32118

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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:

Donald Effrain

2-6-08

386-788-1151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR