

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90166 038 ****61.25

DOCUMENT # N00000007901

1. Entity Name

WESTSIDE BAPTIST CHURCH OF DE FUNIAK SPRINGS, IN C.



Principal Place of Business

**295 HWY. 331 NORTH
DEFUNIAK SPRINGS FL 32433**

Mailing Address

**P.O. BOX 276
DEFUNIAK SPRINGS FL 32433**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2265393**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ADAMS, MURIEL
1070 CASWELL RD
DEFUNIAK SPRINGS FL 32433**

7. Name and Address of New Registered Agent

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

TITLE ☒ Delete
NAME **P QUATTLEBAUM, LARRY**
STREET ADDRESS **151 JOHN WHITE RD**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE ☐ Delete
NAME **S GREEN, CLARIE**
STREET ADDRESS **118 TWIN LAKE DR**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE ☐ Delete
NAME **T ADAMS, MURIEL**
STREET ADDRESS **1070 CASWELL RD**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE ☐ Delete
NAME **AT CARPENTER, CATHERINE**
STREET ADDRESS **143 SWANEE AVE**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE ☐ Delete
NAME **T CARPENTER, ROTAIN**
STREET ADDRESS **1435 SWANEE AVENUE**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

TITLE ☐ Delete
NAME **T GREEN, BOBBIE**
STREET ADDRESS **118 TWIN LAKE DRIVE**
CITY-ST-ZIP **DEFUNIAK SPRINGS FL 32433**

11. *Pastor* ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **William Nelson**
STREET ADDRESS **1473 King Lake Rd**
CITY-ST-ZIP **Defuniak Springs 7132433**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Green, Bobby**
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

Muriel Adams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 7 03 850-892-7543

CR2E037 (10/02)