

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000006629

1. Entity Name
WEWAHITCHKA WESTSIDE BAPTIST CHURCH INC.



Principal Place of Business

**MORGAN ROAD AND CHURCH STREET
PO BOX 1145
WEWAHITCHKA, FL 32465**

Mailing Address

**MORGAN ROAD AND CHURCH STREET
PO BOX 1145
WEWAHITCHKA, FL 32465**



01262008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2353030

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DAVIS, ANDREW LAMAR
1758 HIGHWAY 22
WEWAHITCHKA, FL 32465**

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
GERBER, DERRICK
198 CASTLEWOOD LANE
WEWAHITCHKA, FL 32465**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CC
MCGLON, TRACY
460 OLD TRANSFER RD
WEWAHITCHKA, FL 32465**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SS
DAVIS, ANDREW LAMAR
1758 HIGHWAY 22
WEWAHITCHKA, FL 32465**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COLLETT, IRENE
154 W LAKEVIEW DR
WEWAHITCHKA, FL 32465**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
YOUNG, IVAN E
413 EAST RIVER RD
WEWAHITCHKA, FL 32465**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000812301
02/12/08-80040-020 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

Andrew Lamar Davis

ANDREW LAMAR DAVIS

1/27/08

850-639-5719

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #