

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 15 PM 3:15

DOCUMENT # N07714 (1)

1. Corporation Name
WESTSIDE CHURCH OF CHRIST, INC.

Principal Place of Business Mailing Address
C/O JOHN H. DONALDSON C/O JOHN H. DONALDSON
320 SW 6TH ST., PO BOX 961 320 SW 6TH ST., PO BOX 961
CHIEFLND FL 32626 CHIEFLND FL 32626

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/19/1985** 3a. Date of Last Report **03/03/1994**
4. FEI Number **59-2470750** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **Westside Church of Christ** 25 Suite, Apt. #, etc.
22 **816 S.W. 5th St - Box 1534** 27 City & State
23 **CHIEFLAND, FLORIDA** 28 City & State
24 **32626** 25 **LEVY** 29 Zip Country 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
DONALDSON, JOHN H.
685 SW 6TH STREET **320 SE. 6th St.**
CHIEFLND FL 32626

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	DT
NAME	DONALDSON, JOHN H.
STREET ADDRESS	685 SW 6TH STREET 320 S.E. 6th St.
CITY - ST - ZIP	CHIEFLND FL
TITLE	D
NAME	BURNS, HARRY
STREET ADDRESS	NW 12TH ST. #1302
CITY - ST - ZIP	CHIEFLND FL
TITLE	D
NAME	YOUNG, JAMES R.
STREET ADDRESS	313 S.W. 8TH COURT
CITY - ST - ZIP	CHIEFLND FL
TITLE	D
NAME	DAVIS, NATHANIEL
STREET ADDRESS	687 SW 18TH AVENUE
CITY - ST - ZIP	CHIEFLND FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John H. Donaldson - JOHN H. DONALDSON - 2.5.95 493-2236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Type in block 13)