

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N07714** (1)

1. Corporation Name  
**WESTSIDE CHURCH OF CHRIST, INC.**



Principal Place of Business: **WESTSIDE CHURCH OF CHRIST, 816 SW 5 STREET BOX 1534, CHIEFLND FL 32626, US**  
Mailing Address: **C/O JOHN H. DONALDSON, 320 SW 6TH ST., PO BOX 961, CHIEFLND FL 32626**

3. Date Incorporated or Qualified: **02/19/1985**  
3a. Date of Last Report: **02/15/1995**  
4. FEI Number: **59-2470750**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24)  
2a. Mailing Address (26-30)  
22. City & State  
23. City & State  
24. Zip, Country

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

10. Name and Address of New Registered Agent (81-85)  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City, FL, 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature by either party before filing. Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT <input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALDSON, JOHN H.	12. NAME	
STREET ADDRESS	320 SE 6TH STREET	13. STREET ADDRESS	
CITY-STATE-ZIP	CHIEFLND FL	14. CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, HARRY	22. NAME	
STREET ADDRESS	NW 12TH ST. #1302	23. STREET ADDRESS	
CITY-STATE-ZIP	CHIEFLND FL	24. CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, JAMES R.	32. NAME	
STREET ADDRESS	313 S.W. 8TH COURT	33. STREET ADDRESS	
CITY-STATE-ZIP	CHIEFLND FL	34. CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, NATHANIEL	42. NAME	
STREET ADDRESS	687 SW 18TH AVENUE	43. STREET ADDRESS	
CITY-STATE-ZIP	CHIEFLND FL	44. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-STATE-ZIP		54. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-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 119.07(3)(k), 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 617, 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** 1-22-96 - 493 2511  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)