FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**		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	Mailing Address
WESTSIDE CHURCH OF CHRIST 816 SW 5 STREET BOX 1534 CHIEFLND FL 32626 US	C/O JOHN H. DONALDSON 320 SW 6TH ST., PO BOX 961 CHIEFLND FL 32626

3. Date Incorporated or Qualified
02/19/1985

4. FEI Number **59-2470750** — Applied For / Not Applicable

2. Principal Place of Business [21]	2a. Mailing Address [26]
Suite, Apt. #, etc. [22]	Suite, Apt. #, etc. [27]
City & State [23]	City & State [28]
Zip [24] Country [25]	Zip [29] 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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DONALDSON, JOHN H. 320 SE 6 STREET CHIEFLND FL 32626	[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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **DT** NAME **DONALDSON, JOHN H.** STREET ADDRESS **320 SE 6TH STREET** CITY-ST-ZIP **CHIEFLND FL**	☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP — *Donaldson, John H. D / 320 S.E 6 th St / Chiefland, Fc.*	☑ Change ☐ Addition
TITLE **D** NAME **BURNS, HARRY** STREET ADDRESS **NW 12TH ST. #1302** CITY-ST-ZIP **CHIEFLND FL**	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP — *Burns, Harry DT / NW 12 th St. #1302 / Chiefland, FL*	☑ Change ☐ Addition
TITLE **D** NAME **YOUNG, JAMES R.** STREET ADDRESS **313 S.W. 8TH COURT** CITY-ST-ZIP **CHIEFLND FL**	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE **D** NAME **DAVIS, NATHANIEL** STREET ADDRESS **687 SW 18TH AVENUE** CITY-ST-ZIP **CHIEFLND FL**	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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14. 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 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* 3.6.98