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Secretary of State

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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N07714

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/19/1985	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2470750	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution <input type="checkbox"/>	
24		25		29	
Country		Country		30	

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALDSON, JOHN H.	1.2 NAME	
STREET ADDRESS	320 SE 6TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHIEFLND FL	1.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNS, HARRY	2.2 NAME	
STREET ADDRESS	NW 12TH ST. #1302	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHIEFLND FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, JAMES R.	3.2 NAME	
STREET ADDRESS	313 S.W. 8TH COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHIEFLND FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, NATHANIEL	4.2 NAME	
STREET ADDRESS	687 SW 18TH AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHIEFLND FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: John H. Donaldson **REQUIRED 1-8-99** **493-2236**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)