

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90041 033 \*\*\*\*61.25

**DOCUMENT # N07714**

1. Entity 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  
 CHIEFLAND FL 32626-0414**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2470750**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DONALDSON, JOHN H.  
 320 SE 6 STREET  
 CHIEFLND FL 32626**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DONALDSON, JOHN H.</b>	
STREET ADDRESS	<b>320 SE 6TH STREET</b>	
CITY-ST-ZIP	<b>CHIEFLND FL</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> Delete
NAME	<b>BURNS, HARRY</b>	
STREET ADDRESS	<b>NW 12TH ST. #1302</b>	
CITY-ST-ZIP	<b>CHIEFLND FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>YOUNG, JAMES R.</b>	
STREET ADDRESS	<b>313 S.W. 8TH COURT</b>	
CITY-ST-ZIP	<b>CHIEFLND FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DAVIS, NATHANIEL</b>	
STREET ADDRESS	<b>687 SW 18TH AVENUE</b>	
CITY-ST-ZIP	<b>CHIEFLND FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 *John H. Donaldson* **REGISTERED** JOHN H. DONALDSON  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/11/2000 Daytime Phone # \_\_\_\_\_

CR2E037 (9/99)