

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07714

1. Entity Name

WESTSIDE CHURCH OF CHRIST, INC.

Principal Place of Business

WESTSIDE CHURCH OF CHRIST
816 SW 5 STREET BOX 1534
CHIEFLAND FL 32626
US

Mailing Address

C/O JOHN H. DONALDSON
320 SW 6TH ST., PO BOX 961
CHIEFLAND FL 32626

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2470750

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DONALDSON, JOHN H.
320 SE 6 STREET
CHIEFLAND FL 32626

7. Name and Address of New Registered Agent

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
After September 12, 2001, min. will be \$236.25

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

TITLE D ☐ Delete
NAME DONALDSON, JOHN H.
STREET ADDRESS 320 SE 6TH STREET
CITY-ST-ZIP CHIEFLAND FL

TITLE DT ☐ Delete
NAME BURNS, HARRY
STREET ADDRESS NW 12TH ST. #1302
CITY-ST-ZIP CHIEFLAND FL

TITLE D ☐ Delete
NAME YOUNG, JAMES R.
STREET ADDRESS 313 S.W. 8TH COURT
CITY-ST-ZIP CHIEFLAND FL

TITLE D ☐ Delete
NAME DAVIS, NATHANIEL
STREET ADDRESS 687 SW 18TH AVENUE
CITY-ST-ZIP CHIEFLAND FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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TITLE ☐ Change ☐ 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

8-20-01

FILED
Aug 21, 2001 8:00 am
Secretary of State

08-21-2001 90035 020 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (5/01)