

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90001 009 ****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
 CHIEFLAND FL 32626
 US**

**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

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Harry Burns* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/2002

Date

352 493-7218

Daytime Phone #

CR2E037 (9/01)