

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

8/30/2004-90003-019-\$26.25-\$26.25

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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			<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DONALDSON, JOHN H.		NAME	000041221560	
STREET ADDRESS	320 SE 6TH STREET		STREET ADDRESS	09/21/04--01066--005 **35.00	
CITY-ST-ZIP	CHIEFLAND, FL		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURNS, HARRY		NAME		
STREET ADDRESS	NW 12TH ST. #1302		STREET ADDRESS		
CITY-ST-ZIP	CHIEFLAND, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YOUNG, JAMES R.		NAME		
STREET ADDRESS	313 S.W. 8TH COURT		STREET ADDRESS		
CITY-ST-ZIP	CHIEFLAND, FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 <i>John H. Donaldson</i> JOHN H. DONALDSON <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 8-26-04 Daytime Phone 352-493-2236		