

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

0070604

DOCUMENT # N07714

1. Entity Name

WESTSIDE CHURCH OF CHRIST, INC.



FILED

03 FEB 25 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

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

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	200013084752	
CITY-ST-ZIP	02/25/03--01025--006 **61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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* (Treasurer) 2/22/2003 352-493-7218

CR2E037 (10/02)