


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2008 8:00 am**  
**Secretary of State**

01-17-2008 90023 015 \*\*\*\*61.25

|  |   |                     |  |   |  |
|--|---|---------------------|--|---|--|
| <b>DOCUMENT # N12695</b><br>1. Entity Name<br><b>WEST SIDE BAPTIST CHURCH OF FORT PIERCE</b>   |   |                     |  |  |  |
| Principal Place of Business<br><b>3361 SOUTH JENKINS ROAD<br/>FORT PIERCE, FL 34981-2710</b>   |   |                     | Mailing Address<br><b>3361 SOUTH JENKINS ROAD<br/>FORT PIERCE, FL 34981-2710</b> |   |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc. |  |   |  |
| City & State   |   | City & State        |  |   |  |
| Zip  | Country   | Zip                 | Country  | 4. FEI Number<br><b>59-1146479</b>  |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |                     |  | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 6. Name and Address of Current Registered Agent  |   |                     |  | 7. Name and Address of New Registered Agent                                       |  |
| <b>INGERSOLL, DR. DALE K.<br/>3361 SO JENKINS RD<br/>FT PIERCE, FL 34981</b>   |   |                     |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                |  |
| 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.  |   |                     |  | <b>FL</b> Zip Code  |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |   |                     |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2008</b>  |   |                     | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   |  |
|  |   |                     | <b>\$5.00 May Be Added to Fees</b>   |   |  |
| <b>Make check payable to Florida Department of State</b>   |   |                     |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |   |                     |  |   |  |
| TITLE  | PST <input type="checkbox"/> Delete                               |                     |  |   |  |
| NAME   | INGERSOLL, DALE K DR.   |                     |  |   |  |
| STREET ADDRESS   | 3361 SO JENKINS RD  |                     |  |   |  |
| CITY-ST-ZIP  | FT PIERCE, FL 349812710   |                     |  |   |  |
| TITLE  | VP <input checked="" type="checkbox"/> Delete                     |                     |  |   |  |
| NAME   | HORNSBY, MARTHA   |                     |  |   |  |
| STREET ADDRESS   | PO BOX 3414   |                     |  |   |  |
| CITY-ST-ZIP  | FORT PIERCE, FL 34948   |                     |  |   |  |
| TITLE  | VP <input type="checkbox"/> Delete                                |                     |  |   |  |
| NAME   | Jeremiah Johnson  |                     |  |   |  |
| STREET ADDRESS   | 1509 Thumbpoint Dr.   |                     |  |   |  |
| CITY-ST-ZIP  | Ft. Pierce FL 34949   |                     |  |   |  |
| 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"/> Delete                                   |                     |  |   |  |
| NAME   |   |                     |  |   |  |
| STREET ADDRESS   |   |                     |  |   |  |
| CITY-ST-ZIP  |   |                     |  |   |  |
| <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |                     |  |   |  |
| TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                     |  |   |  |
| NAME   |   |                     |  |   |  |
| STREET ADDRESS   |   |                     |  |   |  |
| CITY-ST-ZIP  |   |                     |  |   |  |
| TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                     |  |   |  |
| NAME   |   |                     |  |   |  |
| STREET ADDRESS   |   |                     |  |   |  |
| CITY-ST-ZIP  |   |                     |  |   |  |
| TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |                     |  |   |  |
| NAME   |   |                     |  |   |  |
| STREET ADDRESS   |   |                     |  |   |  |
| CITY-ST-ZIP  |   |                     |  |   |  |
| 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 exemptions contained in Chapter 119, 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. |   |                     |  |   |  |
| <b>SIGNATURE:</b> _____ <b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>  |   |                     |  |   |  |
| Date _____ Daytime Phone # _____   |   |                     |  |   |  |