
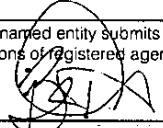
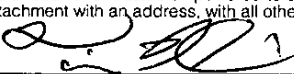


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90039 026 ****61.25

DOCUMENT # N18481 1. Entity Name WESTSIDE COMMUNITY CHURCH, INC.					
Principal Place of Business 1937 LAKEVILLE ROAD APOPKA, FL 32703			Mailing Address 1937 LAKEVILLE ROAD APOPKA, FL 32703 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PERKINS, S. JEFFREY 1937 LAKEVILLE RD APOPKA, FL 32703				Name <u>Biz Gaine</u> Street Address (P.O. Box Number is Not Accepted) <u>1937 Lakeville Rd.</u> City <u>Apopka</u> FL Zip Code <u>32703</u>	
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 				DATE <u>2/10/05</u>	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	T RYNER, BOB 759 CAREW AVE ORLANDO, FL 32804	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Faye Davis 2157 Wax Myrtle Dr. Bellwood, FL 32798	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, SCOTT 5633 BRECKENRIDGE CR ORLANDO, FL 32818	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNN, DON 33 E OAKLAND AVE OCOEE, FL 34761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNAIR, JIM 1430 LAKECREST DR APOPKA, FL 32703	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Red Parkison 415 E. Lakeview Ave EUSTIS, FL 32726	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD WEBB, WILLIAM 516 GARDEN HEIGHTS DRIVE WINTER GARDEN, FL 34787	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD Don Wolford 11A Welch Hill Cir. APOPKA, FL 32712	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC HENDRICKS, TIM 4435 BAY BREEZE RD ORLANDO, FL 32808	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			321- 02-09-05 663-0674		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		