

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18481

FILED
Jan 20, 2009
Secretary of State

Entity Name: WESTSIDE COMMUNITY CHURCH, INC.

Current Principal Place of Business:

1937 LAKEVILLE ROAD
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

1937 LAKEVILLE ROAD
APOPKA, FL 32703 US

New Mailing Address:

FEI Number: 59-2745896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GAINEY, BIZ
1937 LAKEVILLE RD
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KEATON, RICK
Address: 121 DELLWOOD DR.
City-St-Zip: LONGWOOD, FL 32750

Title: D () Delete
Name: HASLETT, BARRY
Address: 821 E 9TH ST
City-St-Zip: APOPKA, FL 32703

Title: DS () Delete
Name: DUNN, DON
Address: 33 E OAKLAND AVE
City-St-Zip: OCOEE, FL 34761

Title: D () Delete
Name: SHAFAR, BOB
Address: 112 JUNIPER WAY
City-St-Zip: TAVARES, FL 32778

Title: CD () Delete
Name: WOLFORD, DON
Address: 1114 WELCH HILL CIR
City-St-Zip: APOPKA, FL 32712

Title: D () Delete
Name: DOTY, JOE
Address: 6209 ADINA LN
City-St-Zip: ORLANDO, FL 32810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DST (X) Change () Addition
Name: HASLETT, BARRY
Address: 821 E 9TH ST
City-St-Zip: APOPKA, FL 32703

Title: D (X) Change () Addition
Name: MORTON, LES
Address: 6912 LOG JAM CT.
City-St-Zip: OCOEE, FL 34761

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WOLFORD, DON
Address: 1114 WELCH HILL CIR
City-St-Zip: APOPKA, FL 32712

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BIZ GAINEY

RA

01/20/2009

Electronic Signature of Signing Officer or Director

Date