

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 AM 10:43

DOCUMENT # **N20461 (2)**
1. Corporation Name
WESTSIDE CHURCH OF CHRIST OF PENSACOLA, INC.

Principal Place of Business Mailing Address
**900 N. 7th ST.
P.O. BOX 17855
PENSACOLA FL 32501**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/04/1987** 3a. Date of Last Report **04/27/1994**
4. FEI Number **59-2804609** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 109.032 Florida Statutes Yes No

2. Principal Place of Business 2b. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
23 Zip Country 27 Zip Country
24 25 28 29

9. Name and Address of Current Registered Agent
**PACK, BYRON T.
1261 SCENIC HIGHWAY
PENSACOLA FL 32503**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent, and fee if applicable

NOTE: Registered Agent signature required when resigning

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	DATE
PCD	(RUSS) BATES, JAMES P 1809 LANGLEY AVE. PENSACOLA FL	PCD Maurice Moody 509 Pleasant Ct. PENSACOLA FL 32514	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VCD	BURNETT, WEBBIE 4283 NORTH 9TH AVE. PENSACOLA FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition
SU	SPRINGS, MELVIN 7771 UNTREINER AVE. PENSACOLA FL	SD WILTON OWENS 1303 E. HAYES ST PENSACOLA, FL 32503	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
T	PACK, BYRON T 5655 N 9TH AVE PENSACOLA FL	Byron T. Pack 1261 Scenic Hwy Pensacola, FL 32503	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D	WHITE, CLAUDE A 7104 LINDSKOG ST PENSACOLA FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
1.1	PCD	Maurice Moody	509 Pleasant Ct. PENSACOLA FL 32514
2.1			
3.1	SD	WILTON OWENS	1303 E. HAYES ST PENSACOLA, FL 32503
4.1	T	Byron T. Pack	1261 Scenic Hwy Pensacola, FL 32503
5.1			
6.1			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(h), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: Wilton Owens Byron T. Pack 4-30-95 904-434-6763
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Including Hours)