

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N20461 (2)**

1. Corporation Name
WESTSIDE CHURCH OF CHRIST OF PENSACOLA, INC.



Principal Place of Business: **900 N. "J" ST. P.O. BOX 17855 PENSACOLA FL 32501**
Mailing Address: **900 N. "J" ST. P.O. BOX 17855 PENSACOLA FL 32501**

3. Date Incorporated or Qualified: **05/04/1987**
3a. Date of Last Report: **08/04/1995**
4. FEI Number: **59-2804609**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

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 **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---------------------------------|
| TITLE | PCD MOODY, MAURICE 509 PHEASANT CT PENSACOLA FL | 1.1 TITLE | |
| NAME | <i>Maurice J. Moody</i> | 1.2 NAME | |
| STREET ADDRESS | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | VCD BURNETT, WEBBIE 4283 NORTH 9TH AVE. PENSACOLA FL | 2.1 TITLE | <i>NONE</i> |
| NAME | <i>delete</i> | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | SD OWENS, WILTON 1303 E HAYES ST PENSACOLA FL | 3.1 TITLE | |
| NAME | <i>Wilton Owens</i> | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | T PACK, BYRON T 5655 N 9TH AVE PENSACOLA FL | 4.1 TITLE | <i>T. MELVIN SPAINA</i> |
| NAME | <i>delete</i> | 4.2 NAME | <i>7770 UNTERREINER AVE</i> |
| STREET ADDRESS | | 4.3 STREET ADDRESS | <i>PENSACOLA, FL 32534-4541</i> |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | D WHITE, CLAUDE A 7104 LINDSKOG ST PENSACOLA FL | 5.1 TITLE | |
| NAME | <i>Claude A. White</i> | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE: *Melvin Spainas* 5/12/96 904-476-6364
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)