

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

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**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PCD
MOODY, MAURICE
509 PHEASANT CT
PENSACOLA FL** *Maurice J. Moody*

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VCD
BURNETT, WEBBIE
4283 NORTH 9TH AVE.
PENSACOLA FL** *delete*

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

**SD
OWENS, WILTON
1303 E HAYES ST
PENSACOLA FL** *Wilton Owens*

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

**T
PACK, BYRON T
5655 N 9TH AVE
PENSACOLA FL** *delete*

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

**D
WHITE, CLAUDE A
7104 LINDSKOG ST
PENSACOLA FL** *Claude A. White*

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

**T. MELVIN SPAIN
7770 ENTREPRENEUR AVE
PENSACOLA, FL 32534-4541**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 Spain
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/96
Date

904-476-6364
Daytime Phone #

CR2E037 (12/95)