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Feb 04 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 32501-84023. Date Incorporated or Qualified
05/04/19873a. Date of Last Report
05/16/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 PENSACOLA FL 32502-7855

27 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

30

31

4. FEI Number

59-2804609

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

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 JERRY SHAW

82 Street Address (P.O. Box Number is Not Acceptable)
718 WHITNEY DRIVE

83

84 City Pensacola

FL

85 Zip Code 32503

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: JERRY J. SHAW

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 PCD

NAME MOODY, MAURICE
STREET ADDRESS 508 PHEASANT CT
CITY-ST-ZIP PENSACOLA FL

TITLE SD

NAME OWENS, WILTON
STREET ADDRESS 1303 E HAYES ST
CITY-ST-ZIP PENSACOLA FL

TITLE T

NAME SPRINGS, MELVIN
STREET ADDRESS 7771 UNTREINER AVE.
CITY-ST-ZIP PENSACOLA FL

TITLE D

NAME WHITE, CLAUDE A
STREET ADDRESS 7104 LINDSKOG ST
CITY-ST-ZIP PENSACOLA FL

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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 SPRINGS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 JANUARY 1997 (904) 476-6364

Date Daytime Phone # 0072449

CR2E037 (9/96)