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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N20461**

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 32522-7855  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

05/04/1987

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

9. Name and Address of Current Registered Agent

SHAW, JERRY  
718 WHITNEY DRIVE  
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 PCD  
STREET ADDRESS MOODY, MAURICE  
CITY-ST-ZIP 509 PHEASANT CT  
PENSACOLA FL

TITLE ☐ DELETE  
NAME SD  
STREET ADDRESS OWENS, WILTON  
CITY-ST-ZIP 1303 E HAYES ST  
PENSACOLA FL

TITLE ☐ DELETE  
NAME T  
STREET ADDRESS GOLDSMITH, DAVID  
CITY-ST-ZIP 210 E BOBE ST  
PENSACOLA FL 32503

TITLE ☒ DELETE  
NAME D  
STREET ADDRESS WHITE, CLAUDE A  
CITY-ST-ZIP 7104 LINDSKOG ST  
PENSACOLA FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 HENRY J. SCOTT SR  
1.3 STREET ADDRESS 4401 DEANVILLE WAY  
1.4 CITY-ST-ZIP Pensacola FL 32505-3005

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 GOLDSMITH, DAVID  
3.3 STREET ADDRESS 7584 HOWARD DEAN LANE  
3.4 CITY-ST-ZIP PENSACOLA FL 32526

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME SOLES, JULIUS  
4.3 STREET ADDRESS 7830 REGIMENT AVE  
4.4 CITY-ST-ZIP PENSACOLA, FL 32534

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 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, with all other like empowered.

SIGNATURE: Wilton Owens REQUIR Wilton Owens 1-10-9 (850) 434-6763

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)