

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20461

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2804609

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHAW, JERRY  
718 WHITNEY DRIVE  
PENSACOLA FL 32503

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME PCD  
SCOTT, HENRY J SR  
STREET ADDRESS 4401 DEAUVILLE WAY  
CITY-ST-ZIP PENSACOLA FL 32505-3005 ☐ Delete

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME T  
GOLDSMITH, DAVID  
STREET ADDRESS 7584 HOWARD DEAU LANE  
CITY-ST-ZIP PENSACOLA FL 32526 ☐ Delete

TITLE NAME T  
GOLDSMITH, DAVID  
STREET ADDRESS 7584 HOWARD DEAN LANE  
CITY-ST-ZIP PENSACOLA FL 32526 ☒ Change ☐ Addition

TITLE NAME D  
SOLES, JULIUS  
STREET ADDRESS 7830 REGIMENT AVENUE  
CITY-ST-ZIP PENSACOLA FL 32534 ☐ Delete

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Wilton Owens* (SD)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-00 (850) 434-6763

Date

Daytime Phone #

CR2E037 (9/99)

FILED  
Jan 18, 2000 8:00 am  
Secretary of State

01-18-2000 90165 038 \*\*\*\*61.25

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DO NOT WRITE IN THIS SPACE