

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90035 002 ****61.25

DOCUMENT # N20461

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

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



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2804609	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHAW, JERRY
718 WHITNEY DRIVE
PENSACOLA FL 32503

7. Name and Address of New Registered Agent

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 _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution.

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE PCD NAME SCOTT, HENRY J SR STREET ADDRESS 4401 DEAUVILLE WAY CITY-ST-ZIP PENSACOLA FL 32505-3005	<input checked="" type="checkbox"/> Delete
TITLE SD NAME OWENS, WILTON STREET ADDRESS 1303 E HAYES ST CITY-ST-ZIP PENSACOLA FL	<input type="checkbox"/> Delete
TITLE I NAME GOLDSMITH, DAVID STREET ADDRESS 7584 HOWARD DEAU LANE CITY-ST-ZIP PENSACOLA FL 32526	<input checked="" type="checkbox"/> Delete
TITLE D NAME SOLES, JULIUS STREET ADDRESS 7830 REGIMENT AVENUE CITY-ST-ZIP PENSACOLA FL 32534	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PCD NAME Oliver, Marquette STREET ADDRESS 2703 Massachusetts Ave #120 CITY-ST-ZIP Pensacola, FL 32505	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME T. Allen mcgee STREET ADDRESS 7869 7869 Lenora Ct CITY-ST-ZIP Pensacola FLA, 32502	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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. **2-24-2** **(850)434-6763**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)