


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2005 08:00 AM
Secretary of State

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 Suite, Apt #, etc. City & State Zip		3. Mailing Address Suite, Apt #, etc. City & State Zip	
		1st MOORE CR2E037 (10/04)	
		4. FEI Number 59-2804609	
		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 1770 CEDRUS LN PENSACOLA FL 32514		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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PCD	<input type="checkbox"/> Delete	
NAME	OLIVER, MARQUETTE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2702 MASSACHUSETTS AVE, #120		
CITY - ST - ZIP	PENSACOLA FL 32505		
TITLE	SD	<input type="checkbox"/> Delete	
NAME	OWENS, WILTON		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1303 E HAYES ST		U00000341162 04/29/05-80004-019 61.25
CITY - ST - ZIP	PENSACOLA FL		
TITLE	T	<input type="checkbox"/> Delete	
NAME	MCGEE, ALLEN		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7869 LENORA COURT		
CITY - ST - ZIP	PENSACOLA FL 32502		
TITLE	D	<input type="checkbox"/> Delete	
NAME	SOLES, JULIUS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7830 REGIMENT AVENUE		
CITY - ST - ZIP	PENSACOLA FL 32534		
TITLE		<input type="checkbox"/> Delete	
NAME			<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> Delete	
NAME			<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Wilton Owens</i> Wilton Owens		4-24-5 (888) 434-6763	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

