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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 2:32

DOCUMENT # **N24694** **(4)**

1. Corporation Name

WESTSIDE BAPTIST CHURCH, INC. OF FLAGLER COUNTY

Principal Place of Business	Mailing Address
BOX 761 BUNNELL FL 32110	BOX 761 BUNNELL FL 32110

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/05/1988
3a. Date of Last Report: 03/15/1994
4. FEI Number: 59-3104216 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

HARRY VARNADOE
121 WIPPLE TREET RD.
HOLLISTER FL 32147

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Harry Varnadoe 3-7-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	☐ Change ☐ Addition
NAME	SHELL, JAMES A.	1.2 NAME	
STREET ADDRESS	1355 ASPIN STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	BUNNELL FL 32110	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	ANGIE BUCHANAN	2.2 NAME	
STREET ADDRESS	24 RYMSEN LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM COAST FL 32137	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	BUCHANAN, JOEY	3.2 NAME	CD
STREET ADDRESS	24 RYMSEN LANE	3.3 STREET ADDRESS	Joey Buchanan
CITY-ST-ZIP	PALM COAST FL 32137	3.4 CITY-ST-ZIP	24 Rymsen Lane Palm Coast, Florida 32137
TITLE	P	4.1 TITLE	☐ Change ☐ Addition
NAME	HARRY VARNADOE	4.2 NAME	
STREET ADDRESS	121 WIPPLE TREET RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLISTER FL 32147	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	Donnie Bowman	5.2 NAME	D
STREET ADDRESS	P.O. Box 2055	5.3 STREET ADDRESS	DONNIE BOWMAN
CITY-ST-ZIP	Bunnell, Florida 32110	5.4 CITY-ST-ZIP	198 MAIN STREET, ESPANOLA P.O. Box 2055 BUNNELL, FLA. 32110
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Harry Varnadoe 3-7-95 904-437-7102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #