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FILED
Feb 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
**1997**

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

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

1. Corporation Name
**WESTSIDE BAPTIST CHURCH, INC. OF FLAGLER COUNTY**

| Principal Place of Business | Mailing Address |
|---|---|
| BOX 761<br>BUNNELL FL 32110 | BOX 761<br>BUNNELL FL 32110-0761 |

3. Date Incorporated or Qualified: 02/05/1988
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 3559 CANAL BV
Suite, Apt. #, etc. 22
City & State 23 BUNNELL, FL
Zip 24 32110 Country 25 U.S.A.

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

**9. Name and Address of Current Registered Agent**

SPENCER, MICHAEL
2200 OLD MOODY BLVD.
#75
BUNNELL FL 32110

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

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | CD | ☒ DELETE | 1.1 TITLE | [redacted] D | ☒ Change ☐ Addition |
| NAME | BEARD, RICHARD | | 1.2 NAME | BOYETT, RONALD | |
| STREET ADDRESS | STAR ROUTE, BOX 1001 N/A | | 1.3 STREET ADDRESS | 907 OCEAN ROAD | |
| CITY-ST-ZIP | BUNNELL FL 32110 | | 1.4 CITY-ST-ZIP | BUNNELL, FL 32110 | |
| TITLE | D | ☐ DELETE | 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 | CD | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BUCHANAN, JOEY | | 3.2 NAME | | |
| STREET ADDRESS | 24 RYMSEN LANE | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PALM COAST FL | | 3.4 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MORROU, SHAYNA | | 4.2 NAME | | |
| STREET ADDRESS | 1916 GUAVA LANE | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | BUNNELL FL 32110 | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | | | 5.2 NAME | SPENCER, MICHAEL | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | 2200 OLD MOODY BV #75 | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | BUNNELL, FL 32110 | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E037 (9/96)

14. I do 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.

**SIGNATURE:** Michael P. Spencer 1/04/97 (904) 239-7834
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #0001800