SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State
03-10-1999 90112 042 ****61.25

DOCUMENT # N24694

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

Principal Place of Business	Mailing Address
3559 CANAL BV BUNNELL FL 32110 US	BOX 761 BUNNELL FL 32110

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	02/05/1988
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3104216 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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: Angie Buchanan
82 Street Address (P.O. Box Number is Not Acceptable): 24 Rymsen Ln
83
84 ~~City~~ Palm Coast FL 85 Zip Code 32137

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 Angie Buchanan 8/2/99
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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BUCHANAN, ANGIE		1.2 NAME		
STREET ADDRESS	24 RYMSEN LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL 32137		1.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BUCHANAN, JOEY		2.2 NAME		
STREET ADDRESS	24 RYMSEN LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	MORROW, SHAYNA		3.2 NAME		
STREET ADDRESS	4426 EVERGREEN		3.3 STREET ADDRESS	1916 Guava Ln	
CITY-ST-ZIP	BUNNELL FL 32110		3.4 CITY-ST-ZIP	Bunnell, FL 32110	
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SPENCER, MICHAEL		4.2 NAME		
STREET ADDRESS	2200 OLD MOODY BV #75		4.3 STREET ADDRESS		
CITY-ST-ZIP	BUNNELL FL		4.4 CITY-ST-ZIP		
TITLE	~~D~~	☐ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME	~~Robert~~		5.2 NAME	Robert Worthington	
STREET ADDRESS			5.3 STREET ADDRESS	313 Madison St	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Palatka, FL 32177	
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 (5/99)

14. 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 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, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ 8-1-99 (904) 677 3752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #