

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).

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90112 042 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N24694

1. Corporation Name

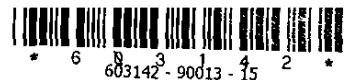
WESTSIDE BAPTIST CHURCH, INC. OF FLAGLER COUNTY

Principal Place of Business

3559 CANAL BV
BUNNELL FL 32110
US

Mailing Address

BOX 761
BUNNELL FL 32110



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/05/1988	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-3104216	
24 Country		30 Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
				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 City	Palm Coast	FL 32137
84 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

(NOTE: Registered Agent signature required when reinstating)

8/2/99

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	☐ 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	

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: *S. S. SIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-1-99

Date

404) 671 3752

Daytime Phone #

CR2E037 (5/99)