

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90166 038 ****70.00

DOCUMENT # N24694 1. Entity 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 US		
2. Principal Place of Business 3559 CANAL AVENUE		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3104216	
Zip		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EASTHAM, JAMES W 112 PALAMIRO RD CRESCENT CITY, FL 32112				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 112 PALAMINO ROAD 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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 NAME STREET ADDRESS CITY-ST-ZIP	T MORROW, SHAYNA 1916 GUAVA LANE BUNNELL, FL 32110	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHN BOVEE 2256 COCONUT BLVD. BUNNELL, FL 32110	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, CATHY HAZELNUT BUNNELL, FL 32110	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CYNTHIA DURRANCE 452 CR 90 EAST BUNNELL, FL 32110	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FEDEMEYER, LAURA 1960 ROSEWOOD BUNNELL, FL 32110	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARRIE LEE 1289 HAZELNUT ST. BUNNELL, FL 32110	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUDY RYAN 2303 DOGWOOD ST. BUNNELL, FL 32110	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	☐ Change ☐ Addition
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: <u>Cynthia Durrance</u> <u>Cynthia Durrance/Secretary</u> <u>04/07/05</u> <u>386-437-3619</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

Ref. #2 + #7: Correction to spelling errors only. No address change and no new agent.