## 2007 NOT-FOR-PROFIT CORPORATION

## Mar 26, 2007 8:00 am ANNUAL REPORT Secretary of State **DOCUMENT # N24694** 03-26-2007 90060 041 \*\*\*\*61.25 WESTSIDE BAPTIST CHURCH, INC. OF FLAGLER COUNTY Principal Place of Business Mailing Address 40041084 **3559 CANAL AVENUE BOX 761** BUNNELL, FL 32110 US BUNNELL, FL 32110 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 3559 CANAL AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. 02072007 Chg-NP CR2E037 (12/06) City & State 4. FEI Number 59-3104216 City & State Applied For Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EASTHAM, JAMES W Street Address (P.O. Box Number is Not Acceptable) 112 PALAMINO RD CRESCENT CITY, FL 32112 City Zip Code 6. 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 requirered agent and title if applicable (NOTE: Registered Agent signsture required when rejustating) DATE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Due by May 1, 2007 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. T- TREASURER DARRELL GILES 2345 FOREST PARK ST. BUNNELL FL 32110 Delete TITLE TITLE Addition EFDEMEYER LAURA MALAF MAKE STREET ADDRESS 1960 ROSEWOOD STREET ADORESS CITY-ST-ZIP BUNNELL, FL 32110 CITY-ST-ZIP FL 32110 (D) Addition Delete SECRETARY TITLE ☐ Change TTR E IANA GILES 345 FOREST PARK ST. LEE, LARRIE NAME NAME STREET ADDRESS 1287 HAZELNUT ST STREET ADORESS CITY-ST-ZIP BUNNELL, FL 32110 CITY-ST-ZP TITLE ☐ Change ■ Addition TITLE ☐ Delete NAME RYAN, JUDY NAME STREET ADDRESS 2303 DOGWOOD ST STREET ADDRESS CITY-ST-ZIP BUNNELL, FL 32110 CITY-ST-ZP TITLE ■ Addition TITLE Delete Change ARCHER, LINDA NAME STREET ADDRESS STREET ADDRESS 691 CR 140 CITY-ST-ZIP CITY-ST-ZIP BUNNELL, FL 32110 TILE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P Delete Addition TTLE TITLE Change NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

STREET ADORESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

DARRELL & GILES

FILED