2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24694

FILED Mar 12, 2009 Secretary of State

Entity Name: WESTSIDE BAPTIST CHURCH, INC. OF FLAGLER COUNTY **New Principal Place of Business: Current Principal Place of Business:** 3559 CANAL AVENUE BUNNELL, FL 32110 US **Current Mailing Address: New Mailing Address: BOX 761** BUNNELL, FL 32110 US FEI Number: 59-3104216 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EASTHAM, JAMES W 112 PALAMINO RD CRESCENT CITY, FL 32112 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition GILES, DARRELL GILES, DARRELL Name: Name: Address: 2345 FOREST PARK STREET Address: 2345 FOREST PARK STREET City-St-Zip: BUNNELL, FL 32110 City-St-Zip: BUNNELL, FL 32110 US Title: Title: (X) Change () Addition () Delete Name: GILES, DIANA Name: GILES, DIANA Address: 2345 FOREST PARK STREET Address: 2345 FOREST PARK STREET City-St-Zip: BUNNELL, FL 32110 City-St-Zip: BUNNELL, FL 32110 US Title: Title: (X) Change () Addition () Delete RYAN, JUDY Name: RYAN, JUDY Name: 2303 DOGWOOD ST 2303 DOGWOOD ST Address: Address: City-St-Zip: BUNNELL, FL 32110 City-St-Zip: BUNNELL, FL 32110 US Title: () Delete Title: () Change (X) Addition Name: Name: PALMER, MELANIE Address: Address: 5332 CR. 305 City-St-Zip: City-St-Zip: BUNNELL, FL 32110 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DARRELL G GILES Т 03/12/2009