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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N35913 (5)

1. Corporation Name

WEST NASSAU CHURCH OF CHRIST, INC.

Principal Place of Business

Mailing Address

% THOMAS D. GILDAY
P.O. BOX 1508
CALLAHAN FL 32011

% THOMAS D. GILDAY
P.O. BOX 1508
CALLAHAN FL 32011

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 22 AM 9:08

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/05/1990

3a. Date of Last Report

03/25/1994

4. FEI Number

59-3072149

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GILDAY, THOMAS D.
650 SOUTH OAK STREET
P.O. BOX 639
HILLIARD FL 32046

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PT
NAME	PARSLEY, R. DAVID
STREET ADDRESS	RT 3 BOX 1592
CITY-ST-ZIP	CALLAHAN FL 32011
TITLE	VT
NAME	HOLMES, G. WAYNE
STREET ADDRESS	RT 5 BOX 392
CITY-ST-ZIP	CALLAHAN FL 32011
TITLE	ST
NAME	LEONARD, JOSEPH A.
STREET ADDRESS	P.O. BOX 1143 NA
CITY-ST-ZIP	CALLAHAN FL
TITLE	TT
NAME	GILDAY, THOMAS D.
STREET ADDRESS	P.O. BOX 639 NA
CITY-ST-ZIP	HILLIARD FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/T	☒ Change ☐ Addition
1.2 NAME	RAY, RICHARD	
1.3 STREET ADDRESS	RT. 2, Box 275-B	
1.4 CITY-ST-ZIP	HILLIARD, FL 32046	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: THOMAS D. GILDAY

Date

2/19/95

Daytime Phone #

904-845-3843

1995 CORPORATION ANNUAL REPORT FORM AMMENDMENTS

DOCUMENT # N35913 (5)

WEST NASSAU CHURCH OF CHRIST, INC. FEI #: 59-3072149

13) Officers and directors ---> CHANGE

- 1.1 P/T
- 1.2 Ray, Richard
- 1.3 Rt. 2, Box 275-B
- 1.4 Hilliard, FL 32046