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NONPROFIT CORPORATION ANNUAL REPORT



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

372-0146

1996

SIGNATURE:

DOCUMENT #
1. Corporation Name

N9300000942 (3)

WESTSIDE BAPTIST MINISTRIES OF GAINESVILLE FLORI DA. INC.

2. Mailing Address 21 26 Suite, Apt. #, etc. 22 27 City & State 22 City & State 23 City & State 24 City & State 25 Country 25 Country 26 Suite Apt. #, etc. 27 City & State 28 Country 29 Country 30 Suite Apt. #, etc. 30 Country 30 Suite Apt. #, etc. 31 Suite Apt. #, etc. 32 Country 30 Suite Apt. #, etc. 32 Country 30 Suite Apt. #, etc. 31 Suite Apt. #, etc. 32 Suite Apt. #, etc. 33 Suite Apt. #, etc. 34 Country 35 Suite Apt. #, etc. 35 Country 36 Suite Apt. #, etc. 36 Suite Apt. #, etc. 37 Suite Apt. #, etc. 38 Suite Apt. #, etc. 39 Suite Apt. #, etc. 30 Suite Apt. #, etc. 31 Name Application and Address of Statutes of Pool Suite Apt. #, etc. 30 Suite Apt. #, etc. 31 Name Application and Address of Statutes of Pool Suite Apt. #, etc. 30 Suite Apt. #, etc. 31 Suite Apt. #, etc. 32 Suite Apt. #, etc. 33 Suite Apt. #, etc. 34 Suite Apt. #, etc. 35 Suite Apt. #, etc. 36 Suite Apt. #, etc. 37 Suite Apt. #, etc. 38 Suite Apt. #, etc. 39 Suite Apt. #, etc. 30 Suite Apt. #,	Applied For Not Applicable 75 Additional se Required .00 May Be ded to Fees s. 199.032, Zip Code s. registered office
3. Date incorporated or Qualified O2/12/1993	Applied For Not Applicable 75 Additional se Required .00 May Be ded to Fees s. 199.032, Zip Code s. registered office
2. Malling Address 2. Malling Address 3. Life North Applicable 3. Suite, Apt. #, etc. 4. City & State 3. City & State 3. Country 4. Zip 5. Country 6. Election Companying Financing 7. Trust Fund Contribution 4. Address of Current Registered Agent 7. Suite Address of Current Registered Agent 7. Name and Address of Current Registered Agent 8. This corporation has liability for intangible tax under Florida Statutes 9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 8. This corporation has liability for intangible tax under Florida Statutes 9. Name and Address of New Registered Agent 8. This corporation has liability for intangible tax under Florida Statutes 9. Name and Address of New Registered Agent 8. This corporation has liability for intangible tax under Florida Statutes 9. Name and Address of New Registered Agent 8. This corporation has liability for intangible tax under Florida Statutes 9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent 9. Street Address (P.O. Box Number is Not Acceptable) 83. Street Address (P.O. Box Number is Not Acceptable) 83. Street Address of Process of Changing in Corregistered agent, or both in this State of Florida. Such change via adultive, the above-named corporation submits this statement for the purpose of changing in Corregistered agent, or both in this State of Florida. Such change via adultive, the above-named corporation submits this statement for the purpose of changing in Corregistered agent, or both in this State of Florida Statutes 8. Silver Address of Process of Correct Address of Process of	Applied For Not Applicable 75 Additional se Required .00 May Be ded to Fees s. 199.032, Zip Code s. registered office
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State State Country Solution Campaign Financing Trust Fund Contribution Address of Current Registered Agent 10. Name and Address of New Registered Agent Normal City City FL 85 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Flonds Statutes, the above named corporation submits this statement for the purpose of changing if or registered agent, or both, in the State of Flonds. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registerial arms with, and accept the obligations of . Section 617,0503, Florida Statutes SIGNATURE Synutry, Tipad or private from our order registered agent and their is gisterial. MAULDIN, PEGGY 12 NAME STREET ADDRESS ALACHUA FL 32615 TITLE DELETE 13 TIME CRAWFORD, GARY L STREET ADDRESS CITY-ST-2PP GAINESVILLE FL 32605 24 CITY-ST-2PP GAINESVILLE FL 32607 34 CITY-ST-2PP	Not Applicable 75 Additional se Required .00 May Be ded to Fees s. 199.032, Zip Code s. registered office
City & State Ci	De Required .00 May Be ded to Fees s. 199.032, Zip Code s. registered office
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28 Trust Fund Contribution Ad 21p Country Zp Country B. This corporation has liability for intanglele tax under 22q 29 9 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent AKERS, DOUGLAS 4037 NEWBERRY ROAD GAINESVILLE FL 92005 32 607 84 City FL 85 11. Pursuant to the provisions of Sections 617,0502 and 617,1508, Flonda Statutes, the above named corporation submits this statement for the purpose of changing in or registered agent, or both, in the State of Flonda. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register familiar with, and accept the obligations of. Section 617,0503, Flonda Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. City FL 85 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. City FL 92 15. ALACHUA FL 32615 16. Change MaluDin, PEGGY 17. STARET ADDRESS 18. STREET ADDRESS 19. ALACHUA FL 32615 11. Title 12. VD DELETE 21. Title 34. ALACHUA FL 32605 12. STREET ADDRESS 14. City F. ST. 2IP 17. Change Malu BYNU. SZND AVENUE 23. STREET ADDRESS 14. City F. ST. 2IP 17. Change Malu BYNU. SZND AVENUE 24. STREET ADDRESS 25. STREET ADDRESS 26. City ST. 2IP 17. ST. 2IP 17. Change Malu BYNU. SZND AVENUE 28. STREET ADDRESS 29. TITLE 18. STREET ADDRESS 29. TITLE 20. CRAWFORD, GARY L 32. NAME 32. NAME 32. NAME 32. NAME 33. STREET ADDRESS 29. TITLE 40. City ST. 2IP 17. Change Malu BYNU. SZND AVENUE 33. STREET ADDRESS 29. TITLE 20. CRAWFORD, GARY L 32. NAME 33. STREET ADDRESS 29. TITLE 34. City ST. 2IP 35. City ST. 2IP 36. City ST. 2IP 36. City ST. 2IP 37. ADDITIONS TO	ded to Fees s. 199.032, Zip Code s. registered office
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Floridal Statutes, the above-named corporation submits this statement for the purpose of changing in or registered agent, or both, in the State of Floridal. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as register familiar with, and accept the obligations of, Section 617.0503, Floridal Statutes. SIGNATURE Signature. Signatur	s 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 register familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or pre-ted name of registered agent and tillor if applicative. NOTE Registered Agent signature required when renstating! DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE SD MAULDIN, PEGGY 11 TITLE NAME STREET ADDRESS OITY-ST-ZIP ALACHUA FL 32615 14 CITY-ST-ZIP TITLE VD DELETE 21 TITLE D DELETE 23 STREET ADDRESS CITY-ST-ZIP TITLE D DELETE 31 TITLE D CRAWFORD, GARY L 32 NAME STREET ADDRESS GAINESVILLE FL 32607 34 CITY-ST-ZIP GAINESVILLE FL 32607 34 CITY-ST-ZIP GAINESVILLE FL 32607 34 CITY-ST-ZIP GAINESVILLE FL 32607	s registered office ed agent. I am
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DELETE	
NAME	
STREET ADDRESS 87 TURKEY CREEK 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	le 🔲 Addition
ALACHUA FL 32615	
TITLE	
NAME	
STREET ADDRESS 3431 N.W. 52ND AVENUE 23 STREET ADDRESS 2 4 CITY - ST - ZIP	ge 🔲 Addition
CITY-ST-ZIP GAINESVILLE FL 32605 2 4 CITY-ST-ZIP	
TITLE	
NAME CRAWFORD, GARY L 32 NAME STREET ADDRESS 97 18 S.W. 19TH AVENUE 33 STREET ADDRESS CITY-ST-ZIP GAINESVILLE FL 32607 34 CITY-ST-ZIP	no 🗖 Addition
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-1	
	e Addition
THE TD MODELETE 41 TITLE Change NAME PAYNE, JEFF 4.2 NAME	
STREET ADDRESS 8203 NW 31ST AVE., #50 4.3 STREET ADDRESS	
CITY-SI-ZIP GAINESVILLE FL 32606 44 CITY-SI-ZIP	
TITLE PD WELETE STITUE PD WChang	e 🔲 Addition
MANE LARGERTON TOPS	
STREET ADDRESS 4709 NW 50TH PL 53 STREET ADDRESS 18311 NW 28th PL	
STREET ADDRESS 18311 NW 28th PL 18312 NW 28th PL 18313 NW 28th PL 18312 NW 28th PL	
TITLE D DELETE 61 TITLE Chang	ge 🔲 Addition
NAME KILLIAN, MARY 62 NAME	
STREET ADDRESS 1415 N.W. 94TH STREET 63 STREET ADDRESS	
CITY-ST-ZIP GAINESVILLE FL 32606 64 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 119.07(3)(k), Florida State 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 a cath, 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DOUGLAS P. AKERS