

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000000942 (3)

1. Corporation Name

WESTSIDE BAPTIST MINISTRIES OF GAINESVILLE FLORIDA, INC.



Principal Place of Business

Mailing Address

4037 NEWBERRY ROAD
GAINESVILLE FL 32607

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GAINESVILLE FL 32607

32607

32607

3. Date Incorporated or Qualified

02/12/1993

3a. Date of Last Report

02/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

24

25

Country

29

30

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AKERS, DOUGLAS
4037 NEWBERRY ROAD
GAINESVILLE FL 32607

32607

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD ☐ DELETE

NAME MAULDIN, PEGGY
STREET ADDRESS 87 TURKEY CREEK
CITY-ST-ZIP ALACHUA FL 32615

TITLE VD ☐ DELETE

NAME BYRD, WILLIAM A
STREET ADDRESS 3431 N.W. 52ND AVENUE
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE D ☐ DELETE

NAME CRAWFORD, GARY L
STREET ADDRESS 9718 S.W. 19TH AVENUE
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE TD ☒ DELETE

NAME PAYNE, JEFF
STREET ADDRESS 8203 NW 31ST AVE., #50
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE PD ☒ DELETE

NAME LASSITER, LEE
STREET ADDRESS 9709 NW 56TH PL
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE D ☒ DELETE

NAME KILLIAN, MARY
STREET ADDRESS 1415 N.W. 94TH STREET
CITY-ST-ZIP GAINESVILLE FL 32606

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

☐ Addition

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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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOUGLAS P. AKERS

1/22/96

Date

352-372-0146

Daytime Phone #

CR2E037 (12/95)