

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000000942 (3)**

1. Corporation Name

**WESTSIDE BAPTIST MINISTRIES OF GAINESVILLE FLORI
DA, INC.**



Principal Place of Business	Mailing Address
4037 NEWBERRY ROAD GAINESVILLE FL 32607 US	4037 NEWBERRY ROAD GAINESVILLE FL 32607-2342 US

3. Date Incorporated or Qualified 02/12/1993	3a. Date of Last Report 01/31/1996
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
AKERS, DOUGLAS 4037 NEWBERRY ROAD GAINESVILLE FL 32607	

10. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	SD <input type="checkbox"/> DELETE
NAME	MAULDIN, PEGGY
STREET ADDRESS	87 TURKEY CREEK
CITY-ST-ZIP	ALACHUA FL 32615
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	BYRD, WILLIAM A
STREET ADDRESS	3431 N.W. 52ND AVENUE
CITY-ST-ZIP	GAINESVILLE FL 32605
TITLE	D <input type="checkbox"/> DELETE
NAME	CRAWFORD, GARY L
STREET ADDRESS	9718 S.W. 19TH AVENUE
CITY-ST-ZIP	GAINESVILLE FL 32607
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	OPPELT, HERMAN
STREET ADDRESS	18311 NW 28TH PL.
CITY-ST-ZIP	NEWBERRY FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	VD
1.3 STREET ADDRESS	Frank Burns
1.4 CITY-ST-ZIP	2038 SW 102nd Ter. Gainesville, FL 32607
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PD
2.3 STREET ADDRESS	Ron Akers
2.4 CITY-ST-ZIP	8117 SW 90th Ln Gainesville, FL 32608
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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. **Douglas P. Akers**

SIGNATURE: _____

CR2E037 (9/96)