FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 PM 1:33

DOCUMENT # N93000000942 (3)

1. Corporation Name

WESTSIDE BAPTIST MINISTRIES OF GAINESVILLE FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
4037 NEWBERRY ROAD GAINESVILLE FL 32601	4037 NEWBERRY ROAD GAINESVILLE FL 32601

3. Date Incorporated or Qualified: 02/12/1993
3a. Date of Last Report: 08/30/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	21	2a. Mailing Address	26
Suite, Apt. #, etc.	22	Suite, Apt. #, etc.	27
City & State	23	City & State	28
Zip / Country	24 / 25	Zip / Country	29 / 30

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AKERS, DOUGLAS 4037 NEWBERRY ROAD GAINESVILLE FL 32605	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 Section 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE		☐ Change ☐ Addition
NAME	MAULDIN, PEGGY	1.2 NAME		
STREET ADDRESS	87 TURKEY CREEK	1.3 STREET ADDRESS		
CITY-ST-ZIP	ALACHUA FL 32615	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	BYRD, WILLIAM A	2.2 NAME		
STREET ADDRESS	3431 N.W. 52ND AVENUE	2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32605	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	CRAWFORD, GARY L	3.2 NAME		
STREET ADDRESS	9718 S.W. 19TH AVENUE	3.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32607	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	PAYNE, JEFF	4.2 NAME		
STREET ADDRESS	6203 NW 31ST AVE., #50	4.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32606	4.4 CITY-ST-ZIP		
TITLE	PD	5.1 TITLE		☐ Change ☐ Addition
NAME	LASSITER, LEE	5.2 NAME		
STREET ADDRESS	3709 NW 58TH PL	5.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32606	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	KILLIAN, MARY	6.2 NAME		
STREET ADDRESS	1415 N.W. 94TH STREET	6.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32606	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 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.

SIGNATURE: Douglas Akers 1/16/95 904-372-0146
SIGNATURE AND TYPE OR PRINTED NAME OF REPORTING OFFICER OR DIRECTOR (Date) (Daytime Phone #)
Douglas Akers

0002844