

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 24, 1999 8:00 am
Secretary of State

09-24-1999 90015 001 ***857.50

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1. Corporation Name

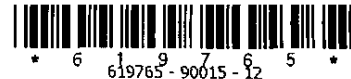
THE WEST FLORIDA CONFERENCE, INC.

Principal Place of Business

40 EAST STATE STREET
JACKSONVILLE FL 32202

Mailing Address

40 EAST STATE STREET
JACKSONVILLE FL 32202



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	101 East Union St	26	101 East Union St	12/13/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	Suite 301	27	301	53-0204696	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Jacksonville FL	28	Jacksonville, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Zip 32202	25	Country	29	Zip 32202
30	Country	America			

9. Name and Address of Current Registered Agent

PARKER, AVA
603 N. MARKET STREET
JACKSONVILLE FL 32202

10. Name and Address of New Registered Agent

81	Name	Desue, Thomas B.	
82	Street Address (P.O. Box Number is Not Acceptable)	101 East Union Street	
83	Suite	Suite 301	
84	City	Jacksonville	FL
85	Zip Code	32202	

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: Desue, Thomas B. Thomas B. Desue 09/14/99
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	CD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUMMINGS, BISHOP FRANK C	1.2 NAME	Russ, Phillip
STREET ADDRESS	40 E. STATE STREET	1.3 STREET ADDRESS	347 Echo Circle
CITY-ST-ZIP	JACKSONVILLE FL 32202	1.4 CITY-ST-ZIP	Ft. Walton Beach, FL 32548
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOUNG, THELMA S REV	2.2 NAME	
STREET ADDRESS	P.O. BOX 860 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	MARIANNA FL 32446	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, JOSEPH E	3.2 NAME	
STREET ADDRESS	1005 M.L. KING AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRESTVIEW FL 32534	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARKLEY, REV. G. T	4.2 NAME	
STREET ADDRESS	1912 HAMILTON COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	QUINCY FL 32351	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNEALY, REV. W E	5.2 NAME	
STREET ADDRESS	521 WOODLAND DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32444	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFIN, REV. CALVIN SR.	6.2 NAME	
STREET ADDRESS	1415 LOUISIANNA AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	LYNN HAVEN FL 32444	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Desue, Thomas B. Thomas B. Desue 09/14/99 (904) 355-8262
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #