2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N95000005435

1. Entity Name

WESTSIDE CHRISTIAN CHURCH OF OKEECHOBEE, INC.



FILED Feb 07, 2007 08:00 AM Secretary of State

Principal Place of Business

8082 W HWY 70

OKEECHOBEE, FL 34974

Mailing Address

P.O. BOX 1785

OKEECHOBEE, FL 34973 US



01202007 No Chg-NP

CR2E037 (4/06)

4. FEI Number 65-0525021 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BARKER, RICHARD 136 SW 87 TH TERRACE OKEECHOBEE, FL 34973

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE.	Signature, typed or printed name of registered agent and the	e if applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE
	Filing Fee is \$61.25 Due by May 1, 2007	Election Campaign Finand Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRE	CTORS			
NAME STREET ADDRESS CITY-ST-ZIP	PT MORGAN, CALVIN 3402 SE 18TH TERR OKEECHOBEE, FL 34974				U00000625303 02/14/07-80070-004 61.2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVP BRUNER, ARMSTER 13 6TH STREET BHR CKEECHOBEE, FL 34974				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ELDR BARKER, RICHARD P.O. BOX 2772 OKEECHOBEE, FL 34973			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY- ST- ZIP				IN 1	THIS SPACE
TITLE NAME STREET ADORESS CITY-ST-ZIP					,
TITLE NAME STREET ADDRESS CITY+ST-ZIP					
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information					

indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

and Donel Leave

7.2.37

763-763-7546

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