

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # N96000000939 (6)

1. Corporation Name

WEST SIDE BAPTIST CHURCH OF HOLLYWOOD, INC.

Principal Place of Business

1237 S 28 AVE  
HOLLYWOOD FL 33020

Mailing Address

1237 S 28 AVE  
HOLLYWOOD FL 33020

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

BARBER, ELROY DR  
1237 S 28TH AVE  
HOLLYWOOD FL 33020

3. Date Incorporated or Qualified

02/22/1996

4. FEI Number

65-0654071

Applied For

Not Applicable

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes ☐ No

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

Elroy Barber - ELROY BARBER

7-6-98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME BARBER, ELROY  
STREET ADDRESS 1237 S 28 AVE  
CITY-ST-ZIP HOLLYWOOD FL 33020  
7381 NW 35th COURT  
LAUDERHILL, FL 33319

TITLE VD  
NAME PHILLIPS, WILLIE  
STREET ADDRESS 4844 NW 24 COURT #109  
CITY-ST-ZIP LAUDERDALE LAKES FL 33313

TITLE SD  
NAME JONES, CARL  
STREET ADDRESS 637 W DAYTON CIRCLE  
CITY-ST-ZIP FT LAUDERDALE FL 33312

TITLE TD  
NAME HARMON, BARBARA  
STREET ADDRESS 2721 HARDING ST  
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE D  
NAME HEMPHILL, JAMES T  
STREET ADDRESS 724 S 29 COURT  
CITY-ST-ZIP HOLLYWOOD FL 33020

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME D LATRESSA Neal  
1.3 STREET ADDRESS 1517 NW 9th Avenue  
1.4 CITY-ST-ZIP FORT LAUDERDALE, FL 33311

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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.

SIGNATURE:

Dr Elroy Barber

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-98

Date

Daytime Phone #

(954) 925-3677

CR2E037 (5/98)

FILED  
Jul 16 1998 8:00am  
Secretary of State

