


FILE NOW: FILING FEE IS \$61.25

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

02-24-1999 90175 043 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000000939					
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		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/22/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-065407-1	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution	
24		25		29	
Country		Country		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BARBER, ELROY DR 1237 S 28TH AVE HOLLYWOOD FL 33020				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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		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	<input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
NAME	BARBER, ELROY			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	7381 N W 35TH COURT			1.2 NAME			
CITY-ST-ZIP	LAUDERHILL FL 33319			1.3 STREET ADDRESS			
TITLE	VD	<input type="checkbox"/> DELETE		1.4 CITY-ST-ZIP			
NAME	PHILLIPS, WILLIE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	4844 NW 24 COURT #109			2.2 NAME			
CITY-ST-ZIP	LAUDERDALE LAKES FL 33313			2.3 STREET ADDRESS			
TITLE	SD	<input type="checkbox"/> DELETE		2.4 CITY-ST-ZIP			
NAME	JONES, CARL			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	637 W DAYTON CICLE			3.2 NAME			
CITY-ST-ZIP	FT LAUDERDALE FL 33312			3.3 STREET ADDRESS			
TITLE	TD	<input type="checkbox"/> DELETE		3.4 CITY-ST-ZIP			
NAME	HARMON, BARBARA			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	2721 HARDING ST			4.2 NAME			
CITY-ST-ZIP	HOLLYWOOD FL 33020			4.3 STREET ADDRESS			
TITLE	D	<input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP			
NAME	NEAL, LATRESSA			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	1517 N W 9TH AVENUE			5.2 NAME			
CITY-ST-ZIP	FT LAUDERDALE FL 33311			5.3 STREET ADDRESS			
TITLE		<input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP			
NAME				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS				6.2 NAME			
CITY-ST-ZIP				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)(l), 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: *E. Barber* RE: ELROYD BARBER 2-8-99 (954) 925-3677

CR2E037 (1/98)