

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90005 049 ****61.25

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1. Entity 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

44050752



07072004 No Chg-NP

CR2E037 (10/03)

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4. FEI Number

65-0654071

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REED, LOUIS C
1237 S 28TH AVE
HOLLYWOOD, FL 33020

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IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25

Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WILLIAMS, STAN
STREET ADDRESS 1237 S 28 AVE
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE VD
NAME WHITE, VICTORIA
STREET ADDRESS 1237 S 28 AVE
CITY-ST-ZIP HOLLYWOOD, FL 33020

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

TITLE TD
NAME SANDERS, LETHA
STREET ADDRESS 2539 WILEY STREET
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE D
NAME ~~WILLIAMS, STANLEY~~
STREET ADDRESS ~~1237 S 28 AVE~~
CITY-ST-ZIP ~~HOLLYWOOD, FL 33020~~

TITLE D
NAME MARTHA E. REED
STREET ADDRESS 1237 S, 28 AVE
CITY-ST-ZIP HOLLYWOOD, FL 33020

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IN THIS SPACE**

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #