

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0006090

DOCUMENT # **N96000000939**

1. Entity Name
WEST SIDE BAPTIST CHURCH OF HOLLYWOOD, INC.



FILED
ck # 2256
03 NOV -6 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip Country Zip Country

4. FEI Number **65-0654071** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~BARBER, TERRENCE~~
~~1237 S 28TH AVE~~
~~HOLLYWOOD FL 33020~~

Name **LOUIS C. REED**
Street Address (P.O. Box Number is Not Acceptable)
~~1237 S 28th Ave~~
1237 S. 28th Ave
City **HOLLYWOOD** FL Zip Code **33020**

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 *L. Reed*

9-14-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	REED, LOUIS	
STREET ADDRESS	3231 NW 191ST STREET	
CITY-ST-ZIP	MIAMI FL 33056	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BARBER, PAULETTE	
STREET ADDRESS	7381 NW 35 CT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33310	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JONES, CARL	
STREET ADDRESS	637 W DAYTON CICLE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SANDERS, LETHA	
STREET ADDRESS	2539 WILEY STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARBER, TERRENCE	
STREET ADDRESS	3030 SW 1ST STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, STAN	
STREET ADDRESS	1237 S 28th Ave	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Victoria White	
STREET ADDRESS	1237 S 28th Ave	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	500023805955	
STREET ADDRESS	10/15/03--01023--020	
CITY-ST-ZIP	**236.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stanley Williams	
STREET ADDRESS	1237 S. 28th Ave	
CITY-ST-ZIP	Hollywood, FL 33020	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *L. Reed*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-
10/26/03 888-9976
Date Daytime Phone #

CR2E037 (4/03)