## **FILE NOW: FILING FEE IS \$61.25**

Mailing Address

720 S 1ST STREET

2a. Mailing Address

ORANGE CITY FL 32763

NONPROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business

2. Principal Place of Business

720 S 1ST STREET

ORANGE CITY FL 32763



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N96000005696 (7)

WEST SIDE CHRISTIAN CENTER, INC.

**FILED** Jan 27 1998 8:00am Secretary of State

3.	Date Incorporated or Qualified				
	11/06/1996				
4.	FEI Number		Applied For		
	59-3419395		Not Applicable		
5.	Certificate of Status Desired	\$8.75 Additional Fee Required			
		1.01			

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Suite, Apt. #, etc.		27	Suite, Apt. #, etc.				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
City & State		28	City & State			7.	Is this nonprofit corporation a homeowner Yes		
Zip	p Country Zip Coun 25 29 30		untry	У	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes XXNo				
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
OFFICE APPROPRIA				81					
720 S 1ST STREET			82						
ORANGE CITY FL	32763			83	015			ler Zio Codo	

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 a	m tamiliar with, and accept the obligations of,	Section 617.0503, Hori	da 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 DIREC	TORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTOR	S IN 12			
TITLE	PT	DELETE	1.1 TITLE		Change	Addition			
NAME	HERBERT E SEVER		1.2 NAME						
STREET ADDRESS	720 S 1ST ST		1.3 STREET ADDRESS						
CITY-ST-ZIP	ORANGE CITY FL 32763-6402		1.4 CITY-ST-ZIP						
TITLE	VT	☐ DELETE	2.1 TITLE		Change	Addition			
NAME	John D Sikes		2.2 NAME						
STREET ADDRESS	1720 W ROBERT ST		2.3 STREET ADDRESS			ĺ			
CITY-ST-ZIP	ORANGE CITY FL 32763		2. 4 CITY-ST-ZIP						
TITLE	ŠT .	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition			
NAME	JOHN M SEVER		3.2 NAME						
STREET ADDRESS	603 ANDERSON DR		3.3 STREET ADDRESS						
CITY-ST-ZIP	DELTONA FL 32725		3.4. CITY-ST-ZIP						
TITLE	TTR	DELETE	4.1 TITLE		☐ Change	Addition			
NAME	COLLINS, ALAN G		4.2 NAME						
STREET ADDRESS	225 E. ROBERT ST.		4.3 STREET ADDRESS						
CITY-ST-ZIP	ORNAGE CITY FL 32763		4.4 CITY-ST-ZIP						
TOTLE		☐ DELETÉ	5.1 TITLE		Change	Addition			
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREET ADDRESS						
CITY-ST-ZIP			5.4 CITY-ST-ZIP						
TITLE		☐ DELETE	6.1 TITLE		L Change	Addition			
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREET ADDRESS						
1						I			

Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), 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.

01/14/98

<u>904-775-4520</u>