2002 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 13, 2008 8:00 am **Secretary of State** DOCUMENT # N99000001226 1. Entity Name 03-13-2008 90042 008 ****61.25 WEST SIDE BAPTIST CHURCH OF LAKE WALES, INC. Principal Place of Business Mailing Address 333 LIME AVE. 333 LIME AVE. LAKE WALES FL 33853 LAKE WALES FL 33853 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/07) Applied For City & State City & State 4. FEI Number 59-0975676 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RICHARD PADGETT PADGETT, RICHARD H Street Address (P.O. Box Number is Not Acceptable) 830 ST ANNE SHRINE RD LAKE WALES FL 33898 ST. ANNE SHRINE Zip Code 33898 LAKE WALES ose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity submits this statement for the the obligations of registered agent. (NOTE: Begistered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Trust Fund Contribution. Due By May 1, 2008 Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. ☐ Delete TITLE Change Addition AMMONS, CURTIS NAME NAME 214 STEEDLY AVE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP LAKE WALES FL 33853 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition TURNER, HAROLD NAME NAME 2045 BEL OMBRE CIRCLE STREET ADDRESS STREET ADDRESS LAKE WALES FL 33898 CITY-ST-ZIP CITY-ST-ZIP TITLE TRUSTEE __Change __X Addition Dolote TUCKER, Tommy HOLT, HUGH NAME NAME 342 HICKORY HAMMOCK RD 519 E DOMARIS AVE STREET ADDRESS STREET ADDRESS LAKE WALES FL 33853 LAKE WALES 33853 CITY-ST-7(P CITY-ST-ZIP Delete ☐ Change TITLE TITLE Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ACOPESS CITY-ST-ZIP CITY-ST-789 Change Addition THUE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is the sind 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 cyntumes 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:

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3-3-08

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