

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2002 8:00 am**  
**Secretary of State**

04-30-2002 90020 022 \*\*\*\*61.25

**DOCUMENT # 735157**

1. Entity Name

**WESTGATE CHRISTIAN CHURCH OF TAMPA, INC.**

Principal Place of Business

Mailing Address

**8303 JACKON SPRGS RD.  
 TAMPA FL 33615**

**8303 JACKON SPRGS RD.  
 TAMPA FL 33615**

**838379**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1713982**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORNETT, WALLACE R.  
 2405 FOREST CREST CIRCLE  
 LUTZ FL 33549**

Name

**Kenneth Balsley**

Street Address (P.O. Box Number is Not Acceptable)

**4422 Prescott**

City

**Tampa, FL 33616**

**FL**

Zip Code  
**33616**

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.

SIGNATURE *Kenneth Balsley*  
**KENNETH BALSLEY**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**2/24/02**

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D**  Delete  
 NAME **CORNETT, WALLACE R.**  
 STREET ADDRESS **2405 FOREST CREST CIRCLE**  
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE  Change  Addition  
 NAME **Kenneth Balsley**  
 STREET ADDRESS **4422 Prescott**  
 CITY-ST-ZIP **Tampa, FL 33616**

TITLE **CD**  Delete  
 NAME **DOYLE, MILLER L.**  
 STREET ADDRESS **12301 KELLY LANE**  
 CITY-ST-ZIP **THONOTOSASSA FL 33592**

TITLE **D**  Change  Addition  
 NAME **Vernon Clark**  
 STREET ADDRESS **7402 Sparkman St**  
 CITY-ST-ZIP **Tampa, FL 33616**

TITLE **S**  Delete  
 NAME **HERZ, MARGARET**  
 STREET ADDRESS **5116 GATEWAY DRIVE**  
 CITY-ST-ZIP **TAMPA FL 33615**

TITLE **D**  Change  Addition  
 NAME **Lanny Ellison**  
 STREET ADDRESS **9224 Balfern Court**  
 CITY-ST-ZIP **Tampa, FL 33615**

TITLE **T**  Delete  
 NAME **CORNETT, DOLORES**  
 STREET ADDRESS **2405 FOREST CREST CIRCLE**  
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE **D**  Change  Addition  
 NAME **Doreen Ellison**  
 STREET ADDRESS **9224 Balfern Court**  
 CITY-ST-ZIP **Tampa, FL 33615**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Change  Addition  
 NAME **Lois Knoffer**  
 STREET ADDRESS **8901 West Floral St**  
 CITY-ST-ZIP **Tampa, FL 33615**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **D**  Change  Addition  
 NAME **Cheryl Larson**  
 STREET ADDRESS **8513 Woodhurst Dr**  
 CITY-ST-ZIP **Tampa, FL 33615**

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 persons empowered.

SIGNATURE:

*Miller L. Doyle*  
**MILLER L. DOYLE, Chairman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/20/02**

Date

**(813) 986-1181**

Daytime Phone #

UBR03

CR2E037 (9/01)