2005 NOT-FOR-PROFIT CORPORATION

FILED **ANNUAL REPORT (AR)** Apr 25, 2005 08:00 A Secretary of State **DOCUMENT # 737322** 1. Entity Name WESTGATE NEW TESTAMENT CHURCH, INC. Principal Place of Business Mailing Address 1200 TALLAHASSEE ST. WEST PALM BCH FL 33409-4940 5107 PINEBREEZE COURT WEST PALM BEACH FL 33415 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEi Number Applied For 59-1708250 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KING GEORGR F SR Street Address (P.O. Box Number is Not Acceptable) 5107 PINE BREEZE CT WEST PALM BEACH FL 33415 City Zip Code 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. Woed or printed harrie of registered agent and tide if applicable (NOTE: Registered Agent signature required wheir reinstating) CATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Delete Hite ☐ Change Addition SUMNER, JOAN D. NAME H000000330803 410 HEMLOCK RD. STREET ADDRESS STREET ADDRESS 04/25/05-80165-016 61.25 W PALM BCH. FL CITY-ST-7IP CitY-St-ZiP MILE ☐ Delete THUE Change Addition KING, FRANK SR. MAME NAME 5107 PINE BREEZE CT. STREET ADDRESS STREET ADDRESS W PALM BCH, FL CITY - ST - 7/P CITY-ST-70 THE Delete HHE Change ☐ Addition BUSUTIL, TAYMOND A NAME NAME STREET ADDRESS 5514 PARK CIRCLE WEST STREET ADDRESS WEST PALM BEACH FL 33405 C114 - ST - Z12 CITY-ST-ZIP THE ☐ Delete 1.748 Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Detete mit ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY - ST - ZIP CitY-ST-ZIP THILE ☐ Delete HUE ☐ Change Addition |

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 1 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.

NAMÉ

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY - ST - ZIP

CEORGE F. KING SR 4-22-05 561-189-