

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandia B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 23 PM 3:29

DOCUMENT # 753101 (5)
1. Corporation Name
WESTVIEW BAPTIST CHURCH OF SANFORD, INC.

Principal Place of Business Mailing Address
4100 PAOLA ROAD SANFORD FL 32771 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/24/1980	3a. Date of Last Report 01/21/1994
4. FEI Number 59-2015744	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

STEINMEYER, LEON
108 SHADY OAK DRIVE
SANFORD FL 32773

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when transferring)

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	GRAHAM DIANE
STREET ADDRESS	311 CLERMONT DRIVE
CITY - ST - ZIP	LAKE MARY FL
TITLE	VD
NAME	ODELL, BYRON
STREET ADDRESS	4461 BEDFORD ROAD
CITY - ST - ZIP	SANFORD FL
TITLE	PO
NAME	STEINMEYER, LEON
STREET ADDRESS	108 SHADY OAK DRIVE
CITY - ST - ZIP	SANFORD FL
TITLE	VD
NAME	TYRE, BILL
STREET ADDRESS	112 CHADWICK
CITY - ST - ZIP	SANFORD FL
TITLE	TD
NAME	GRIFFITH, BILL
STREET ADDRESS	2780 NARCISSUS AVE
CITY - ST - ZIP	SANFORD FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	S
13. STREET ADDRESS	GRIFFITH EMILY
14. CITY - ST - ZIP	2780 Narcissus Ave, Sanford FL 32771
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	
41. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	ROGERS, FENTON
43. STREET ADDRESS	119 Kaywood Drive
44. CITY - ST - ZIP	Sanford, FL 32771
51. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	T
53. STREET ADDRESS	CLARY, HAROLD W.
54. CITY - ST - ZIP	403 Valencia Court
55. CITY - ST - ZIP	Longwood, FL 32750
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Bobby M. McFallis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BOBBY M. McFallis

2-10-95 401/788-6463
Date Initials (Include Area Code)