

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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



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

3. Date Incorporated or Qualified: **06/24/1980**
3a. Date of Last Report: **02/23/1995**
4. FEI Number: **59-2015744**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**STEINMEYER, LEON
106 SHADY OAK DRIVE
SANFORD FL 32773**

10. Name and Address of New Registered Agent
81 Name: **Legge, Paul**
82 Street Address (P.O. Box Number is Not Acceptable): **100 Quail Ridge Ct.**
83
84 City: **Sanford** FL 85 Zip Code: **32771**

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 am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Paul Legge* **Paul Legge** DATE: _____
Signature, typed or printed name of registered agent and then applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	S <input type="checkbox"/> DELETE
NAME	GRIFFITH, EMILY
STREET ADDRESS	2780 NARCISSUS AVE.
CITY-ST-ZIP	SANFORD FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	ODELL, BYRON
STREET ADDRESS	4461 BEDFORD ROAD
CITY-ST-ZIP	SANFORD FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	STEINMEYER, LEON
STREET ADDRESS	106 SHADY OAK DRIVE
CITY-ST-ZIP	SANFORD FL
TITLE	VD <input type="checkbox"/> DELETE
NAME	ROGERS, FENTON
STREET ADDRESS	119 KAYWOOD DRIVE
CITY-ST-ZIP	SANFORD FL
TITLE	T <input type="checkbox"/> DELETE
NAME	CLARY, HAROLD W
STREET ADDRESS	403 VALENCIA COURT
CITY-ST-ZIP	LONGWOOD FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Legge, Paul
2.3 STREET ADDRESS	100 Quail Ridge Ct.
2.4 CITY-ST-ZIP	Sanford, FL 32771
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Steinmeyer, Leon
3.3 STREET ADDRESS	106 Shady Oak Drive
3.4 CITY-ST-ZIP	Sanford, FL 32771
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: *Paul Legge* **Paul Legge** Date: **2-16-96** Daytime Phone #: **323-0523**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)