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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 753101

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/24/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2015744
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	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

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BATCHELOR, MARGARET 32014 HOLOPAW TRAIL SORRENTO FL 32776		81 Name Bugg, William "Bill"	85 Zip Code 32746
		82 Street Address (P.O. Box Number is Not Acceptable) 329 Terasas Ct.	
		83	
		84 City Lake Mary	FL

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: *William "Bill" Bugg* **William "Bill" Bugg, President** DATE: *April 8 1999*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIFITH, EMILY	1.2 NAME	Bugg, William "Bill"
STREET ADDRESS	2780 NARCISSUS AVE.	1.3 STREET ADDRESS	329 Terasas Ct.
CITY-ST-ZIP	SANFORD FL	1.4 CITY-ST-ZIP	Lake Mary, FL 32746
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIDD, RON	2.2 NAME	
STREET ADDRESS	5127 RICHLAND TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32776	2.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATCHELOR, MARGARET	3.2 NAME	Batchelor, Margaret
STREET ADDRESS	32014 HOLOPAW TRAIL	3.3 STREET ADDRESS	32014 Holopaw Trail
CITY-ST-ZIP	SORRENTO FL 32776	3.4 CITY-ST-ZIP	Sorrento, FL 32776
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGORY, EARL	4.2 NAME	
STREET ADDRESS	292 LAKESHORE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32746	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAHAM, DIANE	5.2 NAME	
STREET ADDRESS	311 CLERMONT DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY FL 32746	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: *William "Bill" Bugg* **William "Bill" Bugg, President** DATE: *April 8 1999* (407) 302-0471

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)