FILE NOW: FILING FEE IS $61.25

FILED
Mar 31, 1999 8:00 am
Secretary of State
03-31-1999 90047 007 ****61.25

0056594

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756052

1. Corporation Name

THE WEST COAST BAPTIST ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1010 W. OLIVE ST. P. O. BOX 8053 (MAIL ADDRESS) LAKELAND FL 33802-5053	1010 W. OLIVE ST. P. O. BOX 8053 (MAIL ADDRESS) LAKELAND FL 33802-5053

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/27/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number — 59-2889170 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JOHNSON, OSCAR JR. REV 2619 - 38TH AVENUE TAMPA FL 33610	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, OSCAR REV		1.2 NAME		
STREET ADDRESS	2619 38TH AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BRYANT, EMMA VERONICA		2.2 NAME		
STREET ADDRESS	5200 HORTON ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANT CITY FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HAWKINS, WILBERT (REV)		3.2 NAME		
STREET ADDRESS	4088 BOOKER STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	TURNER, REV. BRAGG L.		4. 2 NAME		
STREET ADDRESS	1800 18TH AVENUE SOUTH		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MILLS, LARRY G REV.		5.2 NAME		
STREET ADDRESS	5200 WEST SOUTH STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32811		5.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DAILEY, REV. JOHNNIE		6.2 NAME		
STREET ADDRESS	1680 18TH STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 33580		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Emma Veronica Bryant SIGNATURE REQUIRED EMMA VERONICA BRYANT 3/25/99 (813) 623-4413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #