

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 756052

1. Entity Name

THE WEST COAST BAPTIST ASSOCIATION, INC.



Principal Place of Business

1010 W. OLIVE ST.
LAKELAND FL 33802-5053

Mailing Address

5200 HORTON ROAD
PLANT CITY FL 33567



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2889170

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLS, LARRY G REV
5200 WEST SOUTH STREET
ORLANDO FL 32811

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DP ☐ Delete
NAME MILLS, LARRY G REV
STREET ADDRESS 5200 WEST SOUTH ST.
CITY-ST-ZIP ORLANDO FL

☐ Change ☐ Add
U00000455780
03/16/06-80002-009 61.25

TITLE ST ☐ Delete
NAME BRYANT, EMMA VERONICA
STREET ADDRESS 5200 HORTON ROAD
CITY-ST-ZIP PLANT CITY FL

☐ Change ☐ Add

TITLE VD ☐ Delete
NAME JOHNSON, OSCAR REV
STREET ADDRESS 9813 MORRIS GLEN WAY
CITY-ST-ZIP TEMPLE TERRACE FL 33637

☐ Change ☐ Add

TITLE VD ☐ Delete
NAME EVANS, JOHN REV
STREET ADDRESS 5833 CALAIS LANE
CITY-ST-ZIP SAINT PETERSBURG FL 33714

☐ Change ☐ Add

TITLE VD ☐ Delete
NAME MILLER, PATRICK
STREET ADDRESS 1680 18TH ST
CITY-ST-ZIP SARASOTA FL 33580

☐ Change ☐ Add

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I 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.

[Handwritten signatures and dates] 3/13/06 (813)