

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 # 759783 (4)
1. Corporation Name
WESTGATE TABERNACLE, INC.



Principal Place of Business: **C/O FLORA BELLE HAIDT, 1213 SUWANEE DR., WEST PALM BEACH FL 33409**
Mailing Address: **C/O FLORA BELLE HAIDT, 1213 SUWANEE DR., WEST PALM BEACH FL 33409**

3. Date Incorporated or Qualified: **08/25/1981**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2328617**
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: **90 FLORA BELLE HAIDT, 1700 SUWANEE DR., W. PALM BEACH, FL 33409**
2a. Mailing Address: [Blank]
22. City & State: [Blank]
23. City & State: [Blank]
24. Zip: **33409**
25. Country: **Palm Beach**
26. Suite, Apt. #, etc.: [Blank]
27. City & State: [Blank]
28. City & State: [Blank]
29. Zip: [Blank]
30. Country: [Blank]

9. Name and Address of Current Registered Agent
HAIDT, FLORA BELLE, 1213 SUWANEE DR., WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent
81. Name: [Blank]
82. Street Address (P.O. Box Number is Not Acceptable): [Blank]
83. [Blank]
84. City: [Blank] 85. Zip Code: **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: _____ DATE: _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SAWYER, ROBERT L	
STREET ADDRESS	11351 57 ROAD	
CITY-ST-ZIP	ROYAL PALM BCH. FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HAIDT, FLORA B	
STREET ADDRESS	1213 SUWANEE DR	
CITY-ST-ZIP	W PALM BCH, FL 00000	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MOTES, JANICE D.	
STREET ADDRESS	1210 SUWANEE DR APT 4	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TD HAIDT, FLORA B.
2.3 STREET ADDRESS	1213 SUWANEE DR.
2.4 CITY-ST-ZIP	W. Palm Beach, FL 33409
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD MOTES, JANICE D.
3.3 STREET ADDRESS	1810 SUWANEE DR. APT 4
3.4 CITY-ST-ZIP	W. Palm Beach, FL 33409
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VD CANNON, JAMES LEROY
4.3 STREET ADDRESS	4735 VILMA LANE
4.4 CITY-ST-ZIP	33417 W. Palm Beach, FL
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: *Flora Belle Haidt* 3/5/96 Date: **(407) 683-3186** Daytime Phone #

CR2E037 (12/95)