

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 759783

FILED
Mar 04, 2007
Secretary of State

Entity Name: WESTGATE TABERNACLE, INC.

Current Principal Place of Business:

WESTGATE TABERNACLE CHURCH
1700 SUWANNEE DRIVE
WEST PALM BEACH, FL 33409 US

New Principal Place of Business:

Current Mailing Address:

% ALAN CLAPSADDLE
1722 SUWANEE DR
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 59-2328617 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLAPSADDLE, ALAN
146 DUKE DR
LAKE WORTH, FL 33460 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD Delete
Name: SAWYER, ROBERT L.
Address: 11351 57 ROAD
City-St-Zip: ROYAL PALM BCH., FL

Title: STD Delete
Name: CLAPSADDLE, ALAN
Address: 146 DUKE DR
City-St-Zip: LAKE WORTH, FL 33460

Title: 1VD Delete
Name: CANNON, JAMES LEROY
Address: 6790 IMPERIAL DRIVE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: 2VD Delete
Name: HARRISON, ALVY H
Address: 301 KENNEDY STREET
City-St-Zip: JUPITER, FL 33458

Title: 3VD Delete
Name: HILL, AVIS L
Address: 1722 SUWANEE DRIVE
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: Change Addition
Name:
Address:
City-St-Zip:

Title: Change Addition
Name:
Address:
City-St-Zip:

Title: Change Addition
Name:
Address:
City-St-Zip:

Title: Change Addition
Name:
Address:
City-St-Zip:

Title: Change Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN CLAPSADDLE

STD

03/04/2007

Electronic Signature of Signing Officer or Director

_____ Date