

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2003 8:00 am**  
**Secretary of State**

02-07-2003 90086 019 \*\*\*\*61.25

**DOCUMENT # 759783**



1. Entity Name  
**WESTGATE TABERNACLE, INC.**

Principal Place of Business  
**% FLORA BELLE HAIDT  
1700 SUWANNEE DRIVE  
WEST PALM BEACH FL 33409  
US**

Mailing Address  
**C/O FLORA BELLE HAIDT  
3060 WESTGATE AV  
WEST PALM BEACH FL 33409**

**90019432**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **59-2328617**  
Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HAIDT, FLORA BELLE  
3060 WESTGATE AV  
WEST PALM BEACH FL 33409**

7. Name and Address of New Registered Agent  
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 reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

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

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE NAME     | PD SAWYER, ROBERT L      | <input type="checkbox"/> Delete |
| STREET ADDRESS | 11351 57 ROAD            |                                 |
| CITY-ST-ZIP    | ROYAL PALM BCH. FL       |                                 |
| TITLE NAME     | STD HAIDT, FLORA B       | <input type="checkbox"/> Delete |
| STREET ADDRESS | 3060 WESTGATE AV         |                                 |
| CITY-ST-ZIP    | WEST PALM BEACH FL 33409 |                                 |
| TITLE NAME     | 1VD CANNON, JAMES LEROY  | <input type="checkbox"/> Delete |
| STREET ADDRESS | 6790 IMPERIAL DRIVE      |                                 |
| CITY-ST-ZIP    | WEST PALM BEACH FL 33411 |                                 |
| TITLE NAME     | 2VD HARRISON, ALVY H     | <input type="checkbox"/> Delete |
| STREET ADDRESS | 301 KENNEDY STREET       |                                 |
| CITY-ST-ZIP    | JUPITER FL 33458         |                                 |
| TITLE NAME     |                          | <input type="checkbox"/> Delete |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |
| TITLE NAME     |                          | <input type="checkbox"/> Delete |
| STREET ADDRESS |                          |                                 |
| CITY-ST-ZIP    |                          |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                             |  |
|----------------|-----------------------------|--|
| TITLE NAME     | 3VD HILL, AVIS LEE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS | 1722 SUWANEE DRIVE          |  |
| CITY-ST-ZIP    | WEST PALM BEACH, FL., 33409 |  |
| TITLE NAME     |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE NAME     |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |
| TITLE NAME     |                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| STREET ADDRESS |                             |  |
| CITY-ST-ZIP    |                             |  |

12. 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 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.

SIGNATURE: *FLORA BELLE HAIDT* **FLORA Belle Haidt** *2/3/03*

CR2E037 (10/02)