

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N03000010244
 1. Entity Name
WEST PINES COMMUNITY CHURCH, INC.



Principal Place of Business
20911 JOHNSON ST., #104
PEMBROKE PINES, FL

Mailing Address
20911 JOHNSON ST., #104
PEMBROKE PINES, FL

DO NOT WRITE IN THIS SPACE



01152007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1834228	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CAMPION, JEFFREY E
1730 MAIN STREET, 216
WESTON, FL 33326

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

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RUTIG, JIM 1730 MAIN STREET, SUITE 216 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CUSTER, KEN 1730 MAIN STREET, SUITE 216 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAMPION, JEFF 1730 MAIN STREET, SUITE 216 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, DAVID 1730 MAIN STREET, SUITE 216 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAHER, CLARKE 1730 MAIN STREET, SUITE 216 WESTON, FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/08/07-80064-001 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 817, 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: *Clarke Maher* **01-18-2007** **305.345.2085**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #