

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 736205

Entity Name: WESTWOOD CHRISTIAN SCHOOL, INC.**Current Principal Place of Business:**920 11TH ST. S.W.
LIVE OAK, FL 32064**Current Mailing Address:**920 11TH ST. S.W.
LIVE OAK, FL 32064**FEI Number: 59-1698760****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**DANIELS, NANCY
13521 CR 136
LIVE OAK, FL 32060 US*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: NANCY DANIELS****01/25/2016**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name BOTBLY, KEN MR.
Address 15927 40TH STREET
City-State-Zip: LIVE OAK FL 32060

Title DIRECTOR
Name BAIRD, BRUCE MR
Address POST OFFICE 628
City-State-Zip: LIVE OAK FL 32064

Title DIRECTOR
Name EDWARDS, CHUCK
Address 14570 144TH STREET
City-State-Zip: LIVE OAK FL 32060

Title SECRETARY/TREASURER
Name NASH, RANDY
Address 10640 83RD PLACE
City-State-Zip: LIVE OAK FL 32060

Title DIRECTOR
Name GRAY, RONNIE
Address 9401 141ST LANE
City-State-Zip: LIVE OAK FL 32060

Title PASTOR
Name BUSH, BENTON DR.
Address 9412 147TH ROAD
City-State-Zip: LIVE OAK FL 32060

Title PRINCIPAL
Name GALLOWAY, DARLENE C
Address 920 S.W. 11TH STREET
City-State-Zip: LIVE OAK FL 32064

I hereby 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 all other like empowered.

SIGNATURE: DARLENE C GALLOWAY**PRINCIPAL****01/25/2016**

Electronic Signature of Signing Officer/Director Detail

Date