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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # 700274

(4)

WESTVIEW BAPTIST CHURCH OF PANAMA CITY, INC

Principal Place of Business

Mailing Address

4101 W 21ST STREET PANAMA CITY FL 32405

4101 W 21ST STREET PANAMA CITY FL 32405



| | | | | | Date Incorporated or Qualified 01/08/1960 | | | | | |
|---|---|--|-----------------------|--------------------|---|---|---|---------------|--------------|--|
| 2. Principal Pla 21 | ace of Business | ⊢ ĭ | 2a. Mailing Address | | | 4. FEI Number | | | Applied For | |
| | | 26 | | | | 59-2482644 | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | 27 | | | 5. Certificate of Status Desired S8.75 Additional Fee Required | | | | |
| City & State | | City & State | | | | 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | | | | |
| Zip 24 | Country 25 | Zip 29 | 30 Cou | intry | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No | | | | |
| Name and Address of Current Registered Agent | | | | | | 10. Name and Address of New Registered Agent | | | | |
| | | | | B1 | Name | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| CLARK, D D | | | | 82 | Street A | t Address (P.O. Box Number is Not Acceptable) | | | | |
| 2349 PRETTY BAYOU BLVD | | | | | | | | | | |
| PANAMA CITY FL 32405 | | | | 83 | | | | | | |
| | | | | 84 | City | | | 85 Zij | o Code | |
| 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 _ | Signature, typed or printed name of registered as | pent and title if applicable (NO) | E: Registered | Agent | t signature rec | (urred when reinstating) | DATE | | | |
| 12. OFFICERS AND DIRECTORS | | | | 13. | | ADDITIONS/CHANGES TO OFF | | DIRECTO | RS IN 12 | |
| TITLE | P DELETE | | 1.1 Tri | 1.1 TITLE | | | | Change | ☐ Addition | |
| NAME | WADE, LARRY E. | | 1.2 NA | 1.2 NAME | | | _ | - | _ | |
| STREET ADDRESS | | | 1.3 ST | 1.3 STREET ADDR | | | | | | |
| CITY-ST-ZIP | | | 1.4 CI | 1.4 CITY-ST-ZIP | | | | | | |
| TITLE | D | DELETE | 2 1 TIT | TLE | | | | Change | Addition | |
| NAME | FLOWERS, VAUGHN | | 2.2 NA | 2.2 NAME | | | | | i | |
| STREET ADDRESS | 2520 MOUND AVE | | 2.3 ST | 2.3 STREET ADDRESS | | | | | ľ | |
| CITY-ST-ZP | PANAMA CITY, FL 0 | | | 2 4 CITY-ST-ZIP | | | | | | |
| TITLE | T | DELETE | 3.1 TiT | | | | |] Change | ☐ Addition | |
| NAME | KIRKPATRICK, O. G. | | | 3.2 NAME | | | | | | |
| STREET ADORESS | | | | 3.3 STREET ADDRESS | | | | | | |
| CITY-ST-ZIP TITLE | PANAMA CITY FL | | | TY-S | Γ-ZIP | | | 7.05 | - Large | |
| NAME | D EVANG ALTON E | | 4.1 TITLE 4.2 NAME | | [| | L |] Change | ☐ Addition | |
| STREET ADDRESS | EVANS, ALTON E. 2009 CLAY AVENUE | | 4 2 NAMI 4 3 STREE | | ADDRESS | | | | ŀ | |
| CITY-ST-ZIP | PANAMA CITY FL | | 4.4 CITY- | | | | | | | |
| TITLE | TAIVAMA OITT IL | DELETE | 5.1 TITLE | | - 217 | | | 1 Change | Addition | |
| NAME | | _ | 5.2 NA | | - | | _ | Jonango | | |
| STREET ADDRESS | | | | | ADDRESS | | | | | |
| CITY - ST - ZIP | | | | 5.4 CITY-ST-ZIP | | | | | | |
| TITLE | | puly | | TITLE | | | |] Change | Addition | |
| NAME | | | 6.2 NA | ME | | | _ | - • | _ | |
| STREET ADDRESS | | | 6.3 \$T | REET A | ADDRESS | | | | | |
| CITY-ST-ZIP | | | 6.4 CIT | ry-st | - ZIP | | | | | |
| 14. I do hereby | certify that the information supplie | d with this filing is voluntarily furnis | shed and o | does | not qualif | y for the exemption stated in Section 119 | 37/3Vk) Flori | da Statute | ac I further | |

The following 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:

IGNATURE AND TYPED OF PRINTED HAME OF SIGNING OFFICER ON DIRECTOR

15 april 1996 94-763-1520

CR2E037 (12/95)