


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90033 017 \*\*\*\*61.25

|   |  |  |  |   |   |
|---|--|--|--|---|---|
| <b>DOCUMENT # 700397</b>  |  |  |  |  |   |
| <b>1. Entity Name</b><br>WESTWOOD CHRISTIAN CHURCH INC  |  |  |  |   |   |
| <b>Principal Place of Business</b><br>1111 N 57 AVE (32506)<br>P O BOX 3445<br>PENSACOLA, FL 32516  |  |  | <b>Mailing Address</b><br>1111 N 57 AVE (32506)<br>P O BOX 3445<br>PENSACOLA, FL 32516   |   |   |
| <b>2. Principal Place of Business - No P.O. Box #</b>   |  | <b>3. Mailing Address</b>                                      |  |   |   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |  |   |   |
| City & State  |  | City & State   |  |   |   |
| Zip   | Country  | Zip  | Country  | <b>4. FEI Number</b><br>59-1727488  |   |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>  |  |  |  | <b>\$8.75 Additional Fee Required</b>   |   |
| <b>6. Name and Address of Current Registered Agent</b>  |  |  | <b>7. Name and Address of New Registered Agent</b>   |   |   |
| FLEMING, FLETCHER<br>7765 MOBILE HWY<br>PENSACOLA, FL 32526   |  |  | Name <u>Sherry Smith</u><br>Street Address (P.O. Box Number is Not Acceptable)<br><u>1111 N. 57th Ave</u><br>City <u>Pensacola</u> <u>FL</u> Zip Code <u>32506</u> |   |   |
| <b>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.</b>  |  |  |  |   |   |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____  |  |  |  |   |   |
| <b>Filing Fee is \$61.25 Due by May 1, 2008</b>   |  | <b>9. Election Campaign Financing</b> <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |   |
| <b>Make check payable to Florida Department of State</b>  |  |  |  |   |   |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |   |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | DP<br>FLEMING, FLECTCHER<br>7765 MOBILE HWY<br>PENSACOLA, FL 32526 | <input checked="" type="checkbox"/> Delete                     | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | DP Sherry Smith<br>1111 N. 57th Ave<br>Pensacola, FL 32506                        | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | SD<br>FLEMING, SHERRI<br>7765 MOBILE HWY<br>PENSACOLA, FL 32526    | <input checked="" type="checkbox"/> Delete                     | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | SD Joan Millines<br>13540 Cripple Creek Lane<br>Lillian, AL 36549                 | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | TD<br>MAY, MARY J<br>6060 STRICKLAND PL<br>PENSACOLA, FL 32506     | <input type="checkbox"/> Delete                                | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | ED  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  | DV<br>MAY, SIDNEY<br>6060 STRICKLAND PL<br>PENSACOLA, FL 32506     | <input checked="" type="checkbox"/> Delete                     | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   | DV Fletcher Fleming<br>7765 Mobile Hwy<br>Pensacola, FL 32526                     | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |  | <input type="checkbox"/> Delete                                | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>  |  | <input type="checkbox"/> Delete                                | <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY - ST - ZIP</b>   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| <b>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 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.</b> |  |  |  |   |   |
| <b>SIGNATURE:</b> <u>Sherry Smith</u>   |  |  | Date <u>1-12-08</u> Daytime Phone # <u>466-2092</u>  |   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  |  |  |   |   |