

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700589

FILED
Jan 15, 2009
Secretary of State

Entity Name: WEST PINES BAPTIST CHURCH, INC.

Current Principal Place of Business:

4906 MELALUCA LN
LAKE WORTH, FL 33463

New Principal Place of Business:

4906 MELALEUCA LN
LAKE WORTH, FL 33463

Current Mailing Address:

4906 MELALUCA LN
LAKE WORTH, FL 33463

New Mailing Address:

4906 MELALEUCA LN
LAKE WORTH, FL 33463

FEI Number: 59-1378128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLS, MIKE
9016 PERTH RD
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BRANDT, JIM
Address: 4702 NANCY DR
City-St-Zip: LAKE WORTH, FL 33463

Title: D () Delete
Name: WHITE, DANA
Address: 10692 MISTY LN
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D () Delete
Name: WILLIAMS, BRAD
Address: 236 ORANGE TREE DRIVE
City-St-Zip: ATLANTIS, FL 33462

Title: D () Delete
Name: YOST, DON
Address: 2621 A BARKLEY W.
City-St-Zip: WEST PALM BEACH, FL 33415

Title: D () Delete
Name: BROTHERS, TOM,
Address: 1699 B FOREST LAKES CIR
City-St-Zip: W PALM BCH, FL

Title: DS () Delete
Name: DAWSON, MICHAEL
Address: 5289 CANNON WAY
City-St-Zip: W PALM BCH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: WELLS, MIKE
Address: 9016 PERTH RD
City-St-Zip: LAKE WORTH, FL 33467

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: LAMONT, MIKE
Address: 211 RIVER BLUFF LANE
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MIKE WELLS

D

01/15/2009

Electronic Signature of Signing Officer or Director

Date