




**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90072 021 \*\*\*\*61.25

<b>DOCUMENT # 701435</b>					
1. Entity Name WESTWOOD LAKE CHURCH OF CHRIST, INC.					
Principal Place of Business 1800 E MOWRY DRIVE HOMESTEAD, FL 33033		Mailing Address 1713 EGRET RD HOMESTEAD, FL 33035			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 05-1600082	
				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			7. Name and Address of New Registered Agent		
MATHERLY, FRANK 1615 EGRET RD HOMESTEAD, FL 33035			Name <b>GARY B. CASTEL</b>		
			Street Address (P.O. Box Number is Not Acceptable)		
			<b>12016 SW 132 COURT</b>		
			City <b>MIAMI,</b>		Zip Code <b>FL 33186</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.					
SIGNATURE 		<b>GARY B. CASTEL</b>		DATE <b>2-3-05</b>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WALLACE, MARK		NAME		
STREET ADDRESS	1102 SW 131 CT		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33184		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASTEL, GARY		NAME		
STREET ADDRESS	3276 HAWKS NEST DR		STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE, FL 32741		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MATHERLEY, FRANK		NAME	<b>MATHERLEY, FRANK</b>	
STREET ADDRESS	1615 EGRET ROAD		STREET ADDRESS	<b>409 Classic Drive</b>	
CITY-ST-ZIP	HOMESTEAD, FL 33035		CITY-ST-ZIP	<b>Soddy - Daisy, TN 37379</b>	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ORLANDO, LOLO		NAME		
STREET ADDRESS	14520 SW 161ST STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEETMAN, JOHN		NAME		
STREET ADDRESS	1713 EGRET RD		STREET ADDRESS		
CITY-ST-ZIP	HOMESTEAD, FL 33035		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STALL, WILLIE		NAME		
STREET ADDRESS	14700 HARRISON STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
SIGNATURE: 		<b>John L. Weetman</b>		DATE <b>2-3-5</b>	
		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <b>305-245-1313</b>	