


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2006 8:00 am**  
**Secretary of State**

04-19-2006 90101 041 \*\*\*\*61.25

<b>DOCUMENT # 701435</b> 1. Entity Name <b>WESTWOOD LAKE CHURCH OF CHRIST, INC.</b>					
Principal Place of Business <b>1800 E MOWRY DRIVE HOMESTEAD, FL 33033</b>			Mailing Address <b>1713 EGRET RD HOMESTEAD, FL 33035</b>		
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 <b>05-1600082</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CASTEL, GARY B 12016 SW 132 COURT MIAMI, FL 33186</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, MARK		NAME	WALLACE, MARK	
STREET ADDRESS	1102 SW 131 CT		STREET ADDRESS	1111 K ADAMS AVE.	
CITY-ST-ZIP	MIAMI, FL 33184		CITY-ST-ZIP	HOMESTEAD, FL 33034	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHERLEY, FRANK		NAME		
STREET ADDRESS	409 CLASSIC DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SODDY DAISY, TN 37379		CITY-ST-ZIP		
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 checked="" type="checkbox"/> Delete	TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STALL, WILLIE		NAME	HATLEY, DON	
STREET ADDRESS	14700 HARRISON STREET		STREET ADDRESS	21002 SW 97 PLACE	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	MIAMI, FL 33189	
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>SIGNATURE:</b> <i>John L. Weetman</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-11-06 305-245-1313 <small>Date Daytime Phone #</small>		