2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #701435

1. Entity Name



WESTWO	OOD LAKE CHURCH OF C	CHRIST, INC.							
1800 E MOWRY DRIVE 17		Mailing Address 1713 EGRET RD HOMESTEAD, FL 330					KN BIBU BIBU BIB	(L 8(8)) 8(8)) 5(9)	iilima maa uslima
2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04012006	Chg-NP	CR2E03	7 (11/05)	
City & Stat	e	City & State			4. FEI Number 05-1600	082			oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of	Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Curren	t Registered Agent			7. Name and A	ddress of New	Registered A	\gent	
CASTEL, C	GARY B		Name	•					
	132 COURT		Stree	t Address (P.O. Box Number	is Not Acceptab	ole)		
			City				FL	Zip Cod	е
	e named entity submits this statement tions of registered agent.	for the purpose of changing its	s registered office	or register	red agent, or both,	in the State of F		. L amiliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered age	nt and title if applicable. (NO	TE: Registered Agent sig	nsture required	d when reinstating)		DATE		
SIGNATURE	Stgnature, typed or printed name of registered age Filling Fee is \$61.25 Due by May 1, 2006	9. Election Ca	TE: Registered Agent significant significancing mpaign Financing Contribution.		\$5.00 May Be Added to Fees		DATE Make check orida Depart		
SIGNATURE	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND D	9. Election Ca Trust Fund	mpaign Financing	· 🗆	\$5.00 May Be	Flo	Make check orida Depart	lment of S	tate
10.	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND D	9. Election Ca Trust Fund	mpaign Financing Contribution.	9 🗆 /	\$5.00 May Be Added to Fees ADDITIONS/CHAP	Flo	Make check orida Depart	lment of S	tate
10. TITLE NAME	Filing Fee is \$61.25 Due by May 1, 2006 OFFICERS AND D DT WALLACE, MARK	9. Election Ca Trust Fund	mpaign Financing Contribution. 11. TITLE NAME	DT WALLA	\$5.00 May Be Added to Fees ADDITIONS/CHAN	Flo	Make check orida Depart	RECTORS IN	tate
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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.

SIC	M	ATI	ID	E •

John Luletto Tohn L. Weetman Signature and typed or printed name of signing officer or director

4-11-06 305-245-1313

Daytime Phone #

FILED

Apr 19, 2006 8:00 am Secretary of State 04-19-2006 90101 041 ****61.25