


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

03-12-2007 90101 017 \*\*\*\*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 - No P.O. Box #  		3. Mailing Address <b>1111 K ADAMS AVE.</b>			
Suite, Apt. #, etc.  		Suite, Apt. #, etc.  			
City & State  		City & State <b>HOMESTEAD, FL.</b>		4. FEI Number <b>05-1600082</b>	
Zip  		Country  		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CASTEL, GARY B 12016 SW 132 COURT MIAMI, FL 33186</b>		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reappointing)					
<b>Filing Fee is \$61.25 Due by May 1, 2007</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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WALLACE, MARK 1111 K ADAMS AVE HOMESTEAD, FL 33084	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CASTEL, GARY 3276 HAWKS NEST DR KISSIMMEE, FL 32741	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHERLEY, FRANK 409 CLASSIC DRIVE SODDY DAISY, TN 37379	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ORLANDO, LOLO 14520 SW 161ST STREET MIAMI, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEETMAN, JOHN 1713 EGRET RD HOMESTEAD, FL 33035	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HATLEY, DON 21002 SW. 97 PLACE MIAMI, FL 33189	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOLO, ORLANDO 1413 SE LEGACY COVE CIRCLE STUART, FL 34997	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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> <u>John L Weetman</u> <b>JOHN WEETMAN</b> <b>3-6-07</b> <b>305-245-1313</b>					

ATTACHMENT

60022760

# 701435

Add Director

11.

ADD DIRECTOR

D

ALLEN, R. Keith

4675 PONCE DE LEON

SUITE 302

CORAL GABLES, FLA 33146

John L. Westman - John Westman 3-6-07