


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91004 005 ****70.00

DOCUMENT # 701757

1. Entity Name
WESTVIEW BAPTIST CHURCH, INC



DO NOT WRITE IN THIS SPACE

54041897

2. Principal Place of Business
13301 NW 24th AVENUE

3. Mailing Address
P.O. BOX 680879

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI, FLORIDA

City & State
NORTH MIAMI, FL

4. FEI Number
36-4527249

Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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7. Name and Address of Current Registered Agent

Name
DR. BARRY RONALD YOUNG

Street Address (P.O. Box Number is Not Acceptable)
2071 SW 68th WAY

City
MIRAMAR

FL Zip Code
33023

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FEE IS \$61.25
Initial or Amended UBR**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS			
TITLE PRESIDENT/DIRECTOR/REGISTERED AGENT	TITLE DR. BARRY RONALD YOUNG	TITLE	
NAME	NAME	NAME	
STREET ADDRESS 2071 SW 68th WAY	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP MIRAMAR, FLA 33023	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE VICE-PRES.-DIRECTOR	TITLE MARY MAYCOCK	TITLE	
NAME	NAME	NAME	
STREET ADDRESS 2320 NW 132nd STREET	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP MIAMI, FLA 33167	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE SECRETARY-DIRECTOR	TITLE MR. LEON THOMAS	TITLE	
NAME	NAME	NAME	
STREET ADDRESS 1945 NW 131st STREET	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP MIAMI, FLA 33167	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE TREASURER-DIRECTOR	TITLE MS. LIVIAN BELCHER	TITLE	
NAME	NAME	NAME	
STREET ADDRESS 12430 NW 20th COURT	STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP MIAMI, FLA 33167	CITY-ST-ZIP	CITY-ST-ZIP	
TITLE	TITLE	TITLE	
NAME	NAME	NAME	
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CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with another like empowered.

SIGNATURE:  **4/24/2004** **954-967-0237**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)