2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Apr 18, 2009 **DOCUMENT# 701757** Secretary of State

Entity Name: WESTVIEW BAPTIST CHURCH INC

Current Principal Place of Business: New Principal Place of Business:

13301 N. W. 24TH AVENUE MIAMI, FL 33167

Current Mailing Address: New Mailing Address:

P.O. BOX 680879 13301 NW 24TH AVENUE MIAMI, FL 33167 MIAMI, FL 33168-087

FEI Number: 36-4527249 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LENOIR, ANTWANE REV. 13301 N. W. 24TH AVE. MIAMI, FL 33167

OFFICERS AND DIRECTORS:

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.

SIGNATURE:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PCEO () Change () Addition () Delete LENOIR, ANTWANE REV. Name: Name: Address: 13301 N. W. 24 AVENUE Address:

City-St-Zip: MIAMI, FL 33167 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

LENOIR, PATRICIA Name: Name: REID, MAIZELYN Address: 13301 NW 24 AVENUE Address: 13301 NW 24 AVENUE City-St-Zip: MIAMI, FL 33167 City-St-Zip: MIAMI, FL 33167

Title: () Delete Title: () Change () Addition

JONES, SYLVIA Name: Name: 13301 NW 24 AVENUE Address: Address: City-St-Zip: MIAMI, FL 33167 City-St-Zip:

Title: () Delete Title: () Change () Addition

SLAPPEY, SUSIE Name: Name: 13301 NW 24 AVENUE Address: Address: City-St-Zip: MIAMI, FL 33167 City-St-Zip:

Title: () Delete Title: () Change (X) Addition

JONES, DAVID Name: Name: 13301 N.W. 24 AVENUE Address: Address: City-St-Zip: City-St-Zip: MIAMI, FL 33167

Title: () Delete Title: () Change (X) Addition

LENIOR, PATRICIA Name: Name: Address: Address: 13301 N. W. 24 AVENUE MIAMI, FL 33167 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SYLVIA JONES S 04/18/2009