

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 710893 (9)**

1. Corporation Name

**WESTWOOD BAPTIST CHURCH, INCORPORATED**

Principal Place of Business

**920 11TH STREET S W  
LIVE OAK FL 32060**

Mailing Address

**920 11TH STREET S W  
LIVE OAK FL 32060**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/16/1966</b>		3a. Date of Last Report <b>02/22/1995</b>	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number <b>59-1207947</b>		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>WEEKS, SAM 920 11TH ST., S.W. LIVE OAK FL 32060</b>				81. Name			
				82. Street Address (P.O. Box Number is Not Acceptable)			
				83. City			
				84. City <b>FL</b> 85. Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HOWLAND, BILLY</b>	1.2 NAME	<b>GILL, LEAMON</b>
STREET ADDRESS	<b>920 11TH ST S W</b>	1.3 STREET ADDRESS	<b>920 SW 11TH STREET</b>
CITY-ST-ZIP	<b>LIVE OAK, FL 0</b>	1.4 CITY-ST-ZIP	<b>LIVE OAK, FL 32060</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MUSGROVE, CLYDE</b>	2.2 NAME	<b>LAND, HAROLD</b>
STREET ADDRESS	<b>920 11TH ST S W</b>	2.3 STREET ADDRESS	<b>920 SW 11TH STREET</b>
CITY-ST-ZIP	<b>LIVE OAK, FL 0</b>	2.4 CITY-ST-ZIP	<b>LIVE OAK, FL 32060</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LEFEVRE, HOWARD</b>	3.2 NAME	<b>CLAYTON, TERRY</b>
STREET ADDRESS	<b>920 11TH ST S W</b>	3.3 STREET ADDRESS	<b>920 SW 11TH STREET</b>
CITY-ST-ZIP	<b>LIVE OAK, FL 0</b>	3.4 CITY-ST-ZIP	<b>LIVE OAK, FL 32060</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>REMOVE AS DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEFEVRE, HOWARD</b>	4.2 NAME	<b>LEFEVRE, HOWARD</b>
STREET ADDRESS	<b>920 11TH ST SW</b>	4.3 STREET ADDRESS	<b>920 SW 11TH STREET</b>
CITY-ST-ZIP	<b>LIVE OAK, FL 0</b>	4.4 CITY-ST-ZIP	<b>LIVE OAK, FL 32060</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PHILLIPS, PEGGY</b>	5.2 NAME	
STREET ADDRESS	<b>920 11TH ST SW</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LIVE OAK, FL 00000</b>	5.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEEKS, SAM</b>	6.2 NAME	
STREET ADDRESS	<b>920 11TH ST S W</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LIVE OAK, FL 0</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Sam Weeks, Pres.**

Date:

**2/25/96**

Daytime Phone #

**904-362-1459**

CR2E037 (12/95)