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Feb 16 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 710893 (9)

1. Corporation Name

WESTWOOD BAPTIST CHURCH, INCORPORATED

Principal Place of Business

Mailing Address

920 11TH STREET S W  
LIVE OAK FL 32060

920 11TH STREET S W  
LIVE OAK FL 32060

3. Date Incorporated or Qualified

05/16/1966

4. FEI Number

59-1207947

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEEKS, SAM  
920 11TH ST., S.W.  
LIVE OAK FL 32060

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

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 no 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 VD  
NAME HOWLAND, BILLY  
STREET ADDRESS 920 11TH ST S W  
CITY-ST-ZIP LIVE OAK, FL 0 ☒ DELETE

TITLE D  
NAME MUSGROVE, CLYDE  
STREET ADDRESS 920 11TH ST S W  
CITY-ST-ZIP LIVE OAK, FL 0 ☒ DELETE

TITLE D  
NAME CLAYTON, TERRY  
STREET ADDRESS 920 11TH ST S W  
CITY-ST-ZIP LIVE OAK, FL 0 ☐ DELETE

TITLE S  
NAME PHILLIPS, PEGGY  
STREET ADDRESS 920 11TH ST SW  
CITY-ST-ZIP LIVE OAK, FL 00000 ☐ DELETE

TITLE PD  
NAME WEEKS, SAM  
STREET ADDRESS 920 11TH ST S W  
CITY-ST-ZIP LIVE OAK, FL 0 ☐ DELETE

TITLE D  
NAME LAND, HAROLD  
STREET ADDRESS 12885 161ST ROAD  
CITY-ST-ZIP LIVE OAK FL ☐ DELETE

1.1 TITLE D  
1.2 NAME GEORGE BURNHAM  
1.3 STREET ADDRESS 10556 70TH ROAD  
1.4 CITY-ST-ZIP LIVE OAK, FL 32060 ☐ Change ☒ Addition

2.1 TITLE D  
2.2 NAME KEITH DANIELS  
2.3 STREET ADDRESS 13521 CR 136  
2.4 CITY-ST-ZIP LIVE OAK, FL 32060 ☐ Change ☒ Addition

3.1 TITLE D  
3.2 NAME TIM SMITH  
3.3 STREET ADDRESS 10094 SR49  
3.4 CITY-ST-ZIP LIVE OAK, FL 32060 ☐ Change ☒ Addition

4.1 TITLE D  
4.2 NAME BILL BINION  
4.3 STREET ADDRESS 10285 169TH ROAD  
4.4 CITY-ST-ZIP LIVE OAK, FL 32060 ☐ Change ☒ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 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 or 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:

Sam Weeks, Pres.

904-362-1459

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