

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90135 015 ****61.25

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DOCUMENT # 710893

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

05/16/1966

4. FEI Number

59-1207947

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 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

TITLE D ☐ DELETE

NAME BURNHAM, GEORGE

STREET ADDRESS 10556 70TH RD

CITY-ST-ZIP LIVE OAK, FL 0 32060

TITLE D ☐ DELETE

NAME DANIELS, KEITH

STREET ADDRESS 13521 CR 136

CITY-ST-ZIP LIVE OAK, FL 0 32060

TITLE D ☐ DELETE

NAME SMITH, TIM

STREET ADDRESS 10094 SR 49

CITY-ST-ZIP LIVE OAK, FL 0 32060

TITLE D ☐ DELETE

NAME BINION, BILL

STREET ADDRESS 10285 169TH RD

CITY-ST-ZIP LIVE OAK, FL 00000 32060

TITLE PD ☒ DELETE

NAME WEEKS, SAM

STREET ADDRESS 920 11TH ST S W

CITY-ST-ZIP LIVE OAK, FL 0

TITLE D ☐ DELETE

NAME LAND, HAROLD

STREET ADDRESS 12665 161ST ROAD

CITY-ST-ZIP LIVE OAK FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition

1.2 NAME Clayton, Terry

1.3 STREET ADDRESS 920 SW 11th Street

1.4 CITY-ST-ZIP Live Oak, FL 32060

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME Williams, Gary

2.3 STREET ADDRESS 920 SW 11th Street

2.4 CITY-ST-ZIP Live Oak, FL 32060

3.1 TITLE S ☐ Change ☐ Addition

3.2 NAME Peggy Phillips

3.3 STREET ADDRESS 920 SW 11th Street

3.4 CITY-ST-ZIP Live Oak, FL 32060

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99 904-362-1120
Date Daytime Phone #

CR2E037 (1/98)