

2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Aug 09, 2004 08:00 AM
Secretary of State

DOCUMENT # 715175

1. Entity Name
WESTGATE BAPTIST CHURCH, INC.



Principal Place of Business
901 NW 112TH AVENUE
PLANTATION, FL 33325-1502 US

Mailing Address
901 NW 112TH AVENUE
PLANTATION, FL 33325-1502 US



07012004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1947034

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BERNAT, JOHN
12221 NW 30 TH STREET
SUNRISE, FL 33323

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000159556
08/09/04-80001-016 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
BERNAT, JOHN
12221 NW 30TH STRET
SUNRISE, FL 33323

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
EVANS, DARIN
903 NW 112TH AVE
PLANTATION, FL 33325

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LANCIAULT, MICHAEL
9700 NW 33RD ST
SUNRISE, FL 33351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 Block 11 if changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-29-04

Date

954-472-6858

Daytime Phone #