


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # 715175 1. Entity Name WESTGATE BAPTIST CHURCH, INC.	
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Principal Place of Business 901 NW 112TH AVENUE PLANTATION, FL 33325-1502 US	Mailing Address 901 NW 112TH AVENUE PLANTATION, FL 33325-1502 US
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01282005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1947034	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BERNAT, JOHN 12221 NW 30 TH STREET SUNRISE, FL 33323
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BERNAT, JOHN 12221 NW 30TH STRET SUNRISE, FL 33323 <i>PAID</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EVANS, DARIN 903 NW 112TH AVE PLANTATION, FL 33325 <i>ck # 14836 1/28/05</i>
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	

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02/03/05-80065-001 61.25

**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 empowered.

SIGNATURE: *Darin Evans* **Darin Evans** *1/28/05* *954-472-6852*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #