

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721586

FILED
Jan 08, 2007
Secretary of State

Entity Name: WEST PARK BAPTIST CHURCH, INC.

Current Principal Place of Business:

4004 W LAKE IDA RD
DELRAY BCH, FL 33445

New Principal Place of Business:

Current Mailing Address:

4004 W LAKE IDA RD
DELRAY BCH, FL 33445

New Mailing Address:

FEI Number: 59-1358512 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCLURE, MICHAEL L
4845 LINCOLN ROAD
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MCCLURE, MICHAEL L
Address: 4845 LINCOLN RD
City-St-Zip: DELRAY BEACH, FL 33445

Title: SD () Delete
Name: JONES, EDWARD
Address: 41 NE 48TH ST
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: VPD () Delete
Name: JONES, EDWARD J
Address: 6800 NW 39TH AVE BOX 258
City-St-Zip: COCONUT CREEK, FL 33073 US

Title: TD (X) Delete
Name: ANDERSON, TOMAS
Address: 1421 SW 3RD TERRACE
City-St-Zip: DEERFIELD BEACH, FL 33441 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL L. MCCLURE

P/D

01/08/2007

Electronic Signature of Signing Officer or Director

_____ Date