


**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90227 041 \*\*\*\*70.00

DOCUMENT # <b>721586</b>	
1. Entity Name <b>West Park Baptist Church, Inc.</b>	

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>4004 Lake Ida Rd.</b>	3. Mailing Address <b>SAME</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <b>Delray Beach, FL</b>	City & State
Zip <b>33445</b>	Country <b>USA</b>

4. FEI Number <b>59-1358512</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <b>A</b>	<b>\$8.75</b> Additional Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <b>Michael L. McClure</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>4845 Lincoln Road</b>	
City <b>Delray Beach</b>	FL Zip Code <b>33445</b>

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 reinstating)	DATE
<b>FEE IS \$61.25</b> <b>Initial or Amended UBR</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
		<b>Make Check Payable to</b> <b>Florida Department of State</b>

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President/Director</b> <b>Michael L. McClure</b> <b>4845 Lincoln Rd.</b> <b>Delray Beach, FL 33445</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President/Director</b> <b>Edward J. Jones, Jr.</b> <b>41 N.E. 48 St</b> <b>Ft. Lauderdale, FL 33334</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sec./Treas. Director</b> <b>Jeff Knapp</b> <b>8338 S.W. Masthead Drive</b> <b>Stuart, FL 34997</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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 on an attachment with an address, with all other like employees.

SIGNATURE **Michael L. McClure, President/Director**