


FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 735157 (0)**  
1. Corporation Name  
**WESTGATE CHRISTIAN CHURCH OF TAMPA, INC.**



Principal Place of Business <b>8303 JACKON SPRGS RD. TAMPA FL 33615</b>	Mailing Address <b>8303 JACKON SPRGS RD. TAMPA FL 33615</b>
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3. Date Incorporated or Qualified <b>03/05/1976</b>	
4. FEI Number <b>59-1713982</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**BROWNING, TOM**  
**8417 WOODBRIER COURT**  
**TAMPA FL 33615**

10. Name and Address of New Registered Agent

81 Name  
**Cornett, Wallace R.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**2405 Forest Crest Circle**

83

84 City  
**Lutz,**

85 Zip Code  
**FL 33549**

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 **WALLACE R. CORNETT** *[Signature]* **4/22/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature Required if Amending)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BROWNING, TOM</b>	
STREET ADDRESS	<b>8417 WOODBRIER COURT</b>	
CITY-ST-ZIP	<b>TAMPA, FL 00000</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CAMPBELL, PHYLLIS J.</b>	
STREET ADDRESS	<b>1112 SOUTHSIDE DR.</b>	
CITY-ST-ZIP	<b>BRANDON FL</b>	
TITLE	<b>DC</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SMITH, ROY J</b>	
STREET ADDRESS	<b>6609 MASCOTTE</b>	
CITY-ST-ZIP	<b>TAMPA, FL 00000</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>BALSLEY, JOYCE A.</b>	
STREET ADDRESS	<b>4422 PRESCOTT</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>CAMPBELL, DOUGLAS B</b>	
STREET ADDRESS	<b>1112 SOUTHSIDE DR.</b>	
CITY-ST-ZIP	<b>BRANDON FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>Cornett, Wallace R.</b>		
1.3 STREET ADDRESS	<b>2405 Forest Crest Circle</b>		
1.4 CITY-ST-ZIP	<b>Lutz, FL 33549</b>		
2.1 TITLE	<b>CD</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	<b>Doyle, Miller L.</b>		
2.3 STREET ADDRESS	<b>12301 Kelly Lane</b>		
2.4 CITY-ST-ZIP	<b>Thonotosassa, FL 33592</b>		
3.1 TITLE	<b>S</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	<b>White, Dawn T.</b>		
3.3 STREET ADDRESS	<b>8717 Somersworth Place</b>		
3.4 CITY-ST-ZIP	<b>Tampa, FL 33634</b>		
4.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	<b>Balsley, Kenneth D.</b>		
4.3 STREET ADDRESS	<b>4422 Prescott</b>		
4.4 CITY-ST-ZIP	<b>Tampa, FL 33616</b>		
5.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	<b>White, Scott</b>		
5.3 STREET ADDRESS	<b>8717 Somersworth Place</b>		
5.4 CITY-ST-ZIP	<b>Tampa, FL 33634</b>		
6.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.

SIGNATURE: *Miller L. Doyle* **MILLER L. DOYLE** **4/22/98** **(113) 996-1181**

CR2E037 (10/97)