

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 13, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 738495**

1. Entity Name  
WEST HILLSBOROUGH BAPTIST CHURCH, INC.



Principal Place of Business  
2717 W. HILLSBOROUGH AVE.  
TAMPA, FL 33614

Mailing Address  
2717 W. HILLSBOROUGH AVE.  
TAMPA, FL 33614



04102007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-0830756

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

BONNER, KEITH  
2717 W HILLSBOROUGH AVE  
TAMPA, FL 33614

**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 reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000707093  
04/24/07-800060-020 61.25

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TR  
FAUST, CHARLES  
6412 N LOIS AVE  
TAMPA, FL 33614

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TR  
KING, RONALD  
8501 N PADDOCK  
TAMPA, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TR  
SWINDLE, SEAN  
5203 SEA FARE PLACE  
TAMPA, FL 33624

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TR  
COFFMAN, DANIEL  
3403 W OSBORNE  
TAMPA, FL 33614

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 exemptions contained 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 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:**

*Carl K...*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/07  
Date

872-9908  
Daytime Phone #