2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # 756052 Feb 22, 2007 08:00 AM **Secretary of State** THE WEST COAST BAPTIST ASSOCIATION, INC. Principal Place of Business Mailing Address 5200 HORTON ROAD PLANT CITY FL 33567 1010 W. OLIVE ST. LAKELAND FL 33802-5053 2. Principal Place of Business - No P.O Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, otc. 1st MOORE CR2E037 (10/06) Applied For City & State City & State 4. FEI Numbor 59-2889170 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILLS, LARRY G REV Stroot Address (P.O. Box Number is Not Acceptable) 5200 WEST SOUTH STREET ORLANDO FL 32811 Zip Code 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 FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2007 Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. ☐ Change DITTE DP HILE Delete ☐ Addition NAME MILLS, LARRY G REV NAME U00000644464 03/02/07-80042-022 61.25 STREET ADDRESS 5200 WEST SOUTH ST. STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP ORLANDO FL HIE ☐ Delete TITLE ☐ Addition Change NAME BRYANT, EMMA VERONICA NAME STREET ADDRESS STREET ADDRESS 5200 HORTON ROAD CITY-S1-7IP CITY-ST-ZIP PLANT CITY FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition VD NAME NAME JOHNSON, OSCAR REV STREET ADDRESS STREET ADDRESS 9813 MORRIS GLEN WAY CITY-SI-7P CITY-ST-7IP TEMPLE TERRACE FL 33637 ШЦ ☐ Delete TITLE Change Addition VD NAME NAME EVANS, JOHN REV STREET ADDRESS STREET ADDRESS 5833 CALAIS LANE CITY - ST-ZIP CITY-ST-7IP SAINT PETERSBURG FL 33714 TITLE VD ☐ Delete ☐ Change Addition TITLE NAME MILLER, PATRICK NAME STREET ADDRESS 1680 18TH ST STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SARASOTA FL 33580 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP

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12. I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; that I am an efficer 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:

SIGNATUR