


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # N01000006003		
1. Entity Name WEST COAST WORD CHURCH, INC.		
Principal Place of Business 39346 US HWY 19 N TARPON SPRINGS, FL 34689	Mailing Address P.O. BOX 1026 TARPON SPRINGS, FL 34688	



03282008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3752524	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent DERKSEN, CHARLES A 1484 RIDGETOP DRIVE TARPON SPRINGS, FL 34688
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**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 _____ (NOTE: Registered Agent signature required when renewing) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
"Trust Fund Contribution." ☐ **\$5.00 May Be
Added to Fees**

U000007904315

05/01/08-80007-025 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DERKSEN, CHARLES A 1484 RIDGETOP DRIVE TARPON SPRINGS, FL 34689
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O OWEN, KURT 3510 OKEECHOBEE ROAD FORT PIERCE, FL 34947
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O KINGSFORD, JEFF 36750 US HWY 19 N PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DERKSEN, ANGELA 1484 RIDGETOP DRIVE TARPON SPRINGS, FL 34689
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/08

Date

Daytime Phone #