

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006003

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: WEST COAST WORD CHURCH, INC.

**Current Principal Place of Business:**

39346 US HWY 19 N  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1026  
TARPON SPRINGS, FL 34688

**New Mailing Address:**

FEI Number: 59-3752524

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DERKSEN, CHARLES A  
1484 RIDGETOP DRIVE  
TARPON SPRINGS, FL 34688 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: DERKSEN, CHARLES A  
Address: 1484 RIDGETOP DRIVE  
City-St-Zip: TARPON SPRINGS, FL 34689

Title: O ( ) Delete  
Name: OWEN, KURT  
Address: 3510 OKEECHOBEE ROAD  
City-St-Zip: FORT PIERCE, FL 34947

Title: O ( ) Delete  
Name: KINGSFORD, JEFF  
Address: 36750 US HWY 19 N  
City-St-Zip: PALM HARBOR, FL 34684

Title: P ( ) Delete  
Name: DERKSEN, ANGELA  
Address: 1484 RIDGETOP DRIVE  
City-St-Zip: TARPON SPRINGS, FL 34689

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES A. DERKSEN

P

04/24/2009

Electronic Signature of Signing Officer or Director

Date