

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N01287 (4)

1. Corporation Name

WEST PASCO BAPTIST CHURCH, INC.



Principal Place of Business

Mailing Address

**5238 MILE STRETCH DRIVE
HOLIDAY FL 34690**

**5238 MILE STRETCH DRIVE
HOLIDAY FL 34690**

3. Date Incorporated or Qualified
02/07/1984

3a. Date of Last Report
02/03/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MCMILLEN, WILLIAM
5823 MELALEUCA DR
HOLIDAY FL 34690**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **JONES, RANDY**
STREET ADDRESS **3140 MUIR ST**
CITY- ST- ZIP **HOLIDAY FL**

11 TITLE **D** ☐ Change ☒ Addition
12 NAME **WARFEL, JACK**
13 STREET ADDRESS **5732 MOSAIC DR.**
14 CITY- ST- ZIP **HOLIDAY, FL. 34690**

TITLE **VDCM** ☐ DELETE
NAME **MILAM, JAMES**
STREET ADDRESS **3631 BERKSHIRE STREET**
CITY- ST- ZIP **NEW PORT RICHEY FL**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP

TITLE **D** ☐ DELETE
NAME **RAPILLE, AUGUSTUS**
STREET ADDRESS **3737 CARIOCA RD**
CITY- ST- ZIP **HOLIDAY FL**

31 TITLE **D** ☒ Change ☐ Addition
32 NAME **CAPILLE, Augustus**
33 STREET ADDRESS **3737 CARIOCA RD**
34 CITY- ST- ZIP **HOLIDAY, FL. 34691**

TITLE **D** ☐ DELETE
NAME **RAYMOND, CECIL**
STREET ADDRESS **1707 E. DARLINGTON ROAD**
CITY- ST- ZIP **HOLIDAY FL**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP

TITLE **PD** ☐ DELETE
NAME **MCMILLEN, WILLIAM**
STREET ADDRESS **5823 MELALEUCA DR**
CITY- ST- ZIP **HOLIDAY FL**

51 TITLE **MCMillen, William** ☒ Change ☐ Addition
52 NAME **5823 MELALEUCA DR.**
53 STREET ADDRESS **HOLIDAY, FL. 34690**
54 CITY- ST- ZIP

TITLE **D** ☐ DELETE
NAME **DUCKWORTH, CARL**
STREET ADDRESS **502 REDWOOD DRIVE**
CITY- ST- ZIP **HOLIDAY FL**

61 TITLE **D** ☒ Change ☐ Addition
62 NAME **Duckworth, CARL**
63 STREET ADDRESS **4005 Regal Dr.**
64 CITY- ST- ZIP **HOLIDAY, FL. 34691**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *William McMillen* *William McMillen* 1/17/96 813-938-2955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)