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Jan 31 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 34690-8000

3. Date Incorporated or Qualified
02/07/1984

3a. Date of Last Report
01/25/1996

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-2350018

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☒ No

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

MINISTER
(NOTE: Registered Agent signature required when reinstating)

1/24/97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME WARFEL, JACK
STREET ADDRESS 5732 MOSAIC DRIVE
CITY-ST-ZIP HOLIDAY FL

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

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

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

TITLE P ☐ DELETE
NAME McMILLEN, WILLIAM
STREET ADDRESS 5823 MELALEUCA DRIVE
CITY-ST-ZIP HOLIDAY FL

TITLE D ☐ DELETE
NAME DUCKWORTH, CARL
STREET ADDRESS 4005 REGGIE DRIVE
CITY-ST-ZIP HOLIDAY FL

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME *LES CATLIN*
1.3 STREET ADDRESS *1911 PLEASURE DR.*
1.4 CITY-ST-ZIP *HOLIDAY, FL. 34691*

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME *ZEKE SHOEMAKER*
2.3 STREET ADDRESS *3024 ASTRAL LN.*
2.4 CITY-ST-ZIP *HOLIDAY, FL. 34691*

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME *DALE BRYAN*
3.3 STREET ADDRESS *3251 BINDER*
3.4 CITY-ST-ZIP *HOLIDAY, FL. 34691*

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/97
Date

813-938-2955
Daytime Phone # 0089146

CR2E037 (9/96)