

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number

59-2350018

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ 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

William McMillen

1/5/98

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 ☐ DELETE

NAME **D**
CATLIN, LES
STREET ADDRESS **1911 PLEASURE DRIVE**
CITY-ST-ZIP **HOLIDAY FL**

TITLE ☒ DELETE

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

TITLE ☐ DELETE

NAME **D**
CAPILLE, AUGUSTUS
STREET ADDRESS **3737 CARIACA RD.**
CITY-ST-ZIP **HOLIDAY FL**

TITLE ☐ DELETE

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

TITLE ☐ DELETE

NAME **P**
MCMILLEN, WILLIAM
STREET ADDRESS **5823 MELALEUCA DRIVE**
CITY-ST-ZIP **HOLIDAY FL**

TITLE ☒ DELETE

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

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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* **REQUIRED**

1/5/98

813-938-2855

CR2E037 (10/97)