2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mar 24, 2003 8:00 am **Secretary of State** DOCUMENT # N0200008609 1. Entity Name 03-24-2003 90247 042 ****61.25 WEST BAY COMMUNITY CHURCH, INC. Principal Place of Business Mailing Address 13946 105 AVE N 13946 105 AVE N LARGO FL 33774 LARGO FL 33774 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 4. FEI Number (BIN) City & State City & State Applied For 43-1988 042 Not Applicable Zip Country \$8.75-Additional _Country____ 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DONOVAN, JOSEPH D Street Address (P.O. Box Number is Not Acceptable) 13946 105 AVE N LARGO FL 33774 City Zip Code 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 8. The above nag the obligations of registered and the SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE L 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Florida Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PRESIDENT + DIRECTOR ☐ Addition Delete TITLE Change TITLE JOSEPH DONOUAN NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 尸し るるフンチ CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change TITLE DIRECTUR Delete TITLE ☐ Addition JOSEPH DICKSON D NAME NAME STREET ADDRESS STREET ADDRESS 283 125M AVE CITY-ST-ZIP CITY-ST-ZIP ARGO FL 33 DIRECTOR + SEC-TRUAS Change ☐ Addition TITLE TITLE KAREN DONOVAN 13946 105TH AVE. N NAME NAME STREET ADDRESS STREET ADDRESS 33774 CITY-ST-ZIP LARGO FL CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

12. I 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 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 employered 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

14/03 727:595-3991

FILED