


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90095 038 \*\*\*\*61.25

<b>DOCUMENT # N03000004620</b>	
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1. Entity Name  
WESTGATE CHRISTIAN ACADEMY, INC.

Principal Place of Business  
P.O. BOX 5363  
SPRING HILL, FL 34611

Mailing Address  
P.O. BOX 5363  
SPRING HILL, FL 34611



05012006 No Chg-NP CR2E037 (4/06)

4. FEI Number 14-1883646	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

BLAGROVE, KARLYNN D  
11402 ELGIN BLVD.  
SPRING HILL, FL 34608

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Karlynn D. Blagrove KARLYNN D. BLAGROVE 4/30/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWNE, YOREL L 1300 MCKINLEY AVE. PLEASANTVILLE, NL 08232
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD BLAGROVE, KARLYNN D 11402 ELGIN BLVD. SPRING HILL, FL 34608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUMALA, ZAINABU <del>204 NW 24TH ST</del> 2032 1/2 NW 3RD Ave. GAINESVILLE, FL 32607
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Karlynn D. Blagrove KARLYNN D. BLAGROVE 4/30/06 (352) 870-6646  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #