


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**May 31, 2007 8:00 am**  
**Secretary of State**

05-31-2007 90002 028 \*\*\*\*61.25

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

<b>Principal Place of Business</b> P.O. BOX 5363 SPRING HILL, FL 34611	<b>Mailing Address</b> P.O. BOX 5363 SPRING HILL, FL 34611
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**DO NOT WRITE IN THIS SPACE**

	
05082007 No Chg-NP	CR2E037 (4/06)
<b>4. FEI Number</b> 14-1883646	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>  BLAGROVE, KARLYNN D 11402 ELGIN BLVD. SPRING HILL, FL 34608
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<b>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.</b>	
<b>SIGNATURE</b> <u>KARLYNN D. BLAGROVE</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	<u>5/1/2007</u> <small>DATE</small>

<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>BROWNE, YOREL L</b> <b>1300 MCKINLEY AVE.</b> <b>PLEASANTVILLE, NL 08232</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>AD</b> <b>BLAGROVE, KARLYNN D</b> <b>11402 ELGIN BLVD.</b> <b>SPRING HILL, FL 34608</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>RUMALA, ZAINABU</b> <b>2032 1/2 NW 3RD AVE</b> <b>GAINESVILLE, FL 32607</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

**DO NOT WRITE  
IN THIS SPACE**

**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.**

<b>SIGNATURE:</b> <u>Karlynn D. Blagrove</u>	<u>5/1/2007</u>
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