2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000004620

1. Entity Name
WESTGATE CHRISTIAN ACADEMY, INC.

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

04262008 No Chg-NP   CR2E037 (4/06)

4. FEI Number	Applied For
14-1883646	Not Applicable

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_   _5/1/08_
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, 2008

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BROWNE, YOREL L
STREET ADDRESS	1300 MCKINLEY AVE.
CITY-ST-ZIP	PLEASANTVILLE, NL 08232

TITLE	AD
NAME	BLAGROVE, KARLYNN D
STREET ADDRESS	11402 ELGIN BLVD.
CITY-ST-ZIP	SPRING HILL, FL 34608

TITLE	D
NAME	RUMALA, ZAINABU
STREET ADDRESS	~~2692 1/2 NW 3RD AVE~~ 2020 CONTINENTAL AVE. #219
CITY-ST-ZIP	~~GAINESVILLE, FL 32607~~ TALLAHASSEE, FL 32304

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_   _5/1/08_ (352)684-1104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #