

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Feb 22, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # N03000004794**

**1. Entity Name**  
WEST ALTAMONTE SPRINGS, FLORIDA  
CONGREGATION INC.



**Principal Place of Business**  
1015 PALM SPRINGS DRIVE  
ALTAMONTE SPRINGS, FL 32701

**Mailing Address**  
1015 PALM SPRINGS DRIVE  
ALTAMONTE SPRINGS, FL 32701



02042005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
20-0029845

**Applied For**  
☐ **Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

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

FIRMANI, JERRY J  
365 NOTHLAKE BLVD  
APT. 2026  
ALTAMONTE SPRINGS, FL 32701

**DO NOT WRITE  
IN THIS SPACE**

**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**

Signature typed or printed name of registered agent and fee if applicable.

(NOTE: Registered agent signature required when not holding)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

**9. Election Campaign Financing  
Trust Fund Contribution.** ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** M  
**NAME** WEEKS, OSCAR  
**STREET ADDRESS** 109 STATION ST  
**CITY ST ZIP** ALTAMONTE SPRINGS, FL 32701

**TITLE** M  
**NAME** WRIGHT, LERRIL  
**STREET ADDRESS** 169 VAGABOND WAY  
**CITY ST ZIP** ALTAMONTE SPRINGS, FL 32701

**TITLE** T  
**NAME** RUDEEN, ANOY  
**STREET ADDRESS** 5512 JUSTINE WAY  
**CITY ST ZIP** WINTER PARK, FL 32792

**TITLE** MS  
**NAME** FIRMANI, JERRY  
**STREET ADDRESS** 365 NORTHLAKE BLVD 2026  
**CITY ST ZIP** ALTAMONTE SPRINGS, FL 32701

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY ST ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY ST ZIP**

000000239481  
02/22/05-80047-011 61.25

**DO NOT WRITE  
IN THIS SPACE**

**12. 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 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 another I am empowered.**

**SIGNATURE:**

*Jerry Firmani*

JERRY FIRMANI

2/9/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

30,1 TO THE YEAR