


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90064 038 ****61.25

DOCUMENT # N03000008979 1. Entity Name WEST POINTE BAPTIST MINISTRIES, INC.					
Principal Place of Business 3512 SW 266TH STREET NEWBERRY, FL 32669			Mailing Address P.O. BOX 357118 GAINESVILLE, FL 32635-7118		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WOODBURY, STEVEN H 3512 SW 266TH STREET NEWBERRY, FL 32669				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD		TITLE	PD	
NAME	WOODBURY, SATEVEN H		NAME	WOODBURY, STEVEN H.	
STREET ADDRESS	3512 SW 266TH STREET		STREET ADDRESS	3512 SW 266TH STREET	
CITY-ST-ZIP	NEWBERRY, FL 32669		CITY-ST-ZIP	NEWBERRY, FLORIDA 32669	
TITLE	TD		TITLE		
NAME	STILL, KENNIE M		NAME		
STREET ADDRESS	14515 NW 41 AVENUE		STREET ADDRESS		
CITY-ST-ZIP	NEWBERRY, FL 32669		CITY-ST-ZIP		
TITLE	SD		TITLE		
NAME	HAMMONS, MICHAEL I		NAME		
STREET ADDRESS	1725 NW 113TH DRIVE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32606		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 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: <i>Kennie M. Still</i>			SIGNATURE: <i>KENNIE M. STILL</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE: <i>2/14/04</i> DAYTIME PHONE #: <i>352-331-4446</i>		

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02142004 Chg-NP CR2E037 (10/03)

4. FEI Number **20-0453197** Applied For Not Applicable

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