


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country


04302005 Chg-NP CR2E037 (10/03)

4. FEI Number 20-0453197	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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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 FL Zip Code	

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.

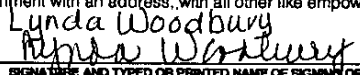
SIGNATURE:  (NOTE: Registered Agent signature required when reinstating)

DATE: 4-30-05

Filing Fee is \$61.25 Due by May 1, 2005	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOODBURY, STEVEN 3512 SW 266TH STREET NEWBERRY, FL 32669 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STILL, KENNIE M 14515 NW 41 AVENUE NEWBERRY, FL 32669 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kjallberg, John <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3613 N.W. 53 Avenue Gainesville, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HAMMONS, MICHAEL I 1725 NW 113TH DRIVE GAINESVILLE, FL 32606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Woodbury, Lynda <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8620 N.W. 13 St. #393 Gainesville, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200055715652 06/03/05--01040--003 **70.111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  04-30-05 352-337-0736

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

05 MAY 24 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

