


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000008979 1. Entity Name WEST POINTE BAPTIST MINISTRIES, INC.	
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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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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WOODBURY, STEVEN H
3512 SW 266TH STREET
NEWBERRY, FL 32669

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:  DATE: 4-25-06

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WOODBURY, STEVEN 3512 SW 266TH STREET NEWBERRY, FL 32669
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KJALLBERG, JOHN 3613 N.W. 53 AVENUE GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WOODBURY, LYNDY 8620 N.W. 13 ST. #393 GAINESVILLE, FL 32653
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

400074702104
05/17/06--01006--015 **113.75

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:  04-25-06 352-377-0736

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

FILED

06 MAY 15 AM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05092006 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-0453197	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

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