

**2006 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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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 <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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

Steven H. Woodbury

Signature, typed or printed name of registered agent and title if applicable

DATE

4-25-06

(NOTE: Registered Agent signature required when remitting)

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution.



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

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, LYNDA 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	

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**DO NOT WRITE
IN THIS SPACE**

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: *Steven H. Woodbury*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-25-06 352-377-0736

Date

Daytime Phone #

SP