

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000010244**

1. Entity Name  
**WEST PINES COMMUNITY CHURCH, INC.**



Principal Place of Business  
**20911 JOHNSON ST., #104  
PEMBROKE PINES, FL**

Mailing Address  
**20911 JOHNSON ST., #104  
PEMBROKE PINES, FL**

**DO NOT WRITE IN THIS SPACE**



01152007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**20-1834228**

Applied For  
Not Applicable

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

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

**CAMPION, JEFFREY E  
1730 MAIN STREET, 216  
WESTON, FL 33328**

**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 title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME RUTIG, JIM  
STREET ADDRESS 1730 MAIN STREET, SUITE 216  
CITY-ST-ZIP WESTON, FL 33328

TITLE VD  
NAME CUSTER, KEN  
STREET ADDRESS 1730 MAIN STREET, SUITE 216  
CITY-ST-ZIP WESTON, FL 33328

TITLE SD  
NAME CAMPION, JEFF  
STREET ADDRESS 1730 MAIN STREET, SUITE 216  
CITY-ST-ZIP WESTON, FL 33328

TITLE D  
NAME WILSON, DAVID  
STREET ADDRESS 1730 MAIN STREET, SUITE 216  
CITY-ST-ZIP WESTON, FL 33328

TITLE D  
NAME MAHER, CLARKE  
STREET ADDRESS 1730 MAIN STREET, SUITE 216  
CITY-ST-ZIP WESTON, FL 33328

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000619253  
02/08/07-80064-001 70.00

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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 817, 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:**

*Clarke Maher*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-18-2007 305.345.2085  
Date Daytime Phone #