

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010244

FILED
Apr 30, 2009
Secretary of State

Entity Name: WEST PINES COMMUNITY CHURCH, INC.

Current Principal Place of Business:

20911 JOHNSON ST., #104
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

20911 JOHNSON ST., #104
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 20-1834228

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUTIG, JAMES H
20911 JOHNSON ST., #104
PEMBROKE PINES, FL 33029 US

Name and Address of New Registered Agent:

MASHBURN, MATTHEW L
20911 JOHNSON ST., #104
PEMBROKE PINES, FL 33029 US

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.

SIGNATURE: MATTHEW L MASHBURN

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BARNES, ROBEY
Address: 20911 JOHNSON ST., #104
City-St-Zip: PEMBROKE PINES, FL 33029

Title: VD () Delete
Name: ELSWICK, JON
Address: 20911 JOHNSON ST., #104
City-St-Zip: PEMBROKE PINES, FL 33029

Title: SD () Delete
Name: MAHER, CLARKE
Address: 20911 JOHNSON ST., #104
City-St-Zip: PEMBROKE PINES, FL 33029

Title: TD () Delete
Name: VENDRELL, JOAQUIN
Address: 20911 JOHNSON ST., #104
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D (X) Delete
Name: CUSTER, KEN
Address: 20911 JOHNSON ST., #104
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Delete
Name: RUTIG, JAMES H
Address: 20911 JOHNSON ST., #104
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: MASHBURN, MATTHEW L
Address: 20911 JOHNSON ST., #104
City-St-Zip: PEMBROKE PINES, FL 33029

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MATTHEW L MASHBURN

TD

04/30/2009

Electronic Signature of Signing Officer or Director

Date