

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000005727

FILED  
Apr 08, 2011  
Secretary of State

Entity Name: WEST PARK WORSHIP CENTER INC.

**Current Principal Place of Business:**

6000 LAKE GREY BLVD  
SUITE 31  
JACKSONVILLE, FL 32244

**New Principal Place of Business:**

**Current Mailing Address:**

4265 YVONNE TERRACE  
MIDDLEBURG, FL 32068

**New Mailing Address:**

8125 TIMBER POINT DR  
JACKSONVILLE, FL 32244

FEI Number: 27-4751023

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CONNOR, JOHN J  
4265 YVONNE TERRACE  
MIDDLEBURG, FL 32068 US

**Name and Address of New Registered Agent:**

HIDALGO, AMANDA  
8125 TIMBER POINT DR  
JACKSONVILLE, FL 32244 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: AMANDA HIDALGO

04/08/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HIDALGO, CLARK  
Address: 8125 TIMBER POINT DR.  
City-St-Zip: JACKSONVILLE, FL 32244

Title: VP  
Name: HIDALGO, KARL  
Address: 2627 SIGMA CT  
City-St-Zip: ORANGE PARK, FL 32073

Title: VP  
Name: CONNOR, JOHN  
Address: 4265 YVONNE TERRACE  
City-St-Zip: MIDDLEBURG, FL 32068

Title: S  
Name: HIDALGO, AMANDA H  
Address: 8125 TIMBER POINT DR  
City-St-Zip: JACKSONVILLE, FL 32244

I hereby 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 all other like empowered.

SIGNATURE: AMANDA HIDALGO

S

04/08/2011

Electronic Signature of Signing Officer or Director

Date