2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38278

Entity Name: WESTPORT CHRISTIAN CHURCH, INC.

FILED Jan 07, 2007 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

2198 SW SAVONA BLVD. 2198 SW SAVONA BLVD. PORT S. LUCIE, FL 34953 PORT ST. LUCIE, FL 34953

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 880697 2198 SW SAVONA BLVD PORT ST. LUCIE, FL 34988 PORT ST. LUCIE, FL 34953

FEI Number: 65-0193106 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HAINES, EDWARD HAINES, EDWARD R 1925 SW EMBER ST 1925 SW EMBER ST

PORT ST LUCIE, FL 34953 US PORT ST LUCIE, FL 34953 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: EDWARD R HAINES 01/07/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition () Delete

ELDRIDGE, JIM Name: Name: Address: 1201 SW DALTON AVENUE Address: City-St-Zip: PORT ST LUCIE, FL 34953 City-St-Zip:

Title: () Delete Title: () Change () Addition

HANNAFORD, JOHN Name: Name: Address: 838 SW SALTONSTALL TERR Address: City-St-Zip: PORT ST. LUCIE, FL 34953 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

HANIES, EDWARD Name: HAINES, EDWARD Name: 1925 SW EMBER STREET 1925 SW EMBER STREET Address: Address: City-St-Zip: PORT SAINT LUCIE, FL 35953 City-St-Zip: PORT SAINT LUCIE, FL 35953

I hereby certify that the information supplied with this filing does not qualify for the 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: EDWARD R HAINES ET 01/07/2007