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NONPROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

FILED

May 19 1997 8:00am

Secretary of State

265-4673 Davide Phone # 0048732

4-30-97

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 N93000000987 (8) DOCUMENT #

THE WESTVIEW CHURCH, A FLORIDA NOT-FOR-PROFIT CO

RPORATION Principal Place of Business Mailing Address 4520-A W VILLAGE DR 4520-A W VILLAGE DR TAMPA FL 33624 TAMPA FL 33624-3429 US 3. Date incorporated or Qualified 02/25/1993 3a. Date of Last Report 04/25/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3000855 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 🐼 No 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HARRIS. THOMAS M ESQ Street Address (P.O. Box Number is Not Acceptable) HARRIS, BARRET, MANN & DEW 83 150 2ND AVE. N., SUITE 150909 ST. PETERSBURG FL 33701 84 City Zip Code 85 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature regulred when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 986 13. Change Addition DELETE TITLE 1.1 TITLE PREISER, DON NAME 1.2 NAME 16605 SILVERHILL DRIVE 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL 1.4 CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 21 TITLE TITLE KEENER, RON 2.2 NAME NAME STREET ADDRESS 13641 TWIN LAKES 2.3 STREET ADDRESS TAMPA FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change **X** Addition 3.1 TITLE TITLE GEORGE, MICHAEL 3.2 NAME NAME Arnie Diaz 13019 DELWOOD RD 3.3 STREET ADDRESS STREET ADDRESS 30 Windrush Ct. TAMPA FL 3.4. CITY-ST-ZIP CHTY-ST-ZIP Oldsmar, FL 34677 DELETE 4.1 TITLE Change Addition TITLE 4. 2 NAME NAME STREET ADDRESS 4.9 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP Addition DELETE Change THLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual period of supplemental annual 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 supportation or tipe receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name

HEQUIFON Preiser

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR