

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91303 046 ****70.00

DOCUMENT # N94000001561



1. Entity Name
WEST KENDALL BAPTIST CHURCH, INC.

Principal Place of Business Mailing Address
14955 SW 88 ST MIAMI FL 33196

11024203



2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0490324** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WATSON, THOMAS W
14588 SW 142 CT CIR SO
MIAMI FL 33186**

Name **Robert Myers**
Street Address (P.O. Box Number is Not Acceptable)
~~833~~ **14730 SW 113 LN**
City **MIAMI** FL Zip Code **33196**

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]* DATE **4/23/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD	<input type="checkbox"/> Delete
NAME	TOPPING, ALAN	
STREET ADDRESS	14450 SW 152 COURT	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DIAZ, PEDRO	
STREET ADDRESS	8123 SW 158 PLACE	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	D	<input type="checkbox"/> Delete
NAME	WATSON, THOMAS W	
STREET ADDRESS	14588 SW 142 CT CIR SO	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	CD	<input type="checkbox"/> Delete
NAME	BROD, BOBBY	
STREET ADDRESS	12810 SW 25 TERR	
CITY-ST-ZIP	MIAMI FL 33175	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT MYERS	
STREET ADDRESS	14730 SW 113 LN	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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 provided by Chapter 617, Florida Statutes; and that the officers or directors in Block 10 or Block 11 if changed, or on an attachment with an interest, have been properly authorized.

SIGNATURE: *[Signature]* DATE: **4/23/03** **305-388-8059**

CR2E037 (10/02)