2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Mar 18, 2004 8:00 am Secretary of State **DOCUMENT # N94000004159** 03-18-2004 90013 024 ****61.25 WESTGATE CHURCH, INC. Mailing Address Principal Place of Business P.O. BOX 37149 570 S. ELLIS ROAD, STE. 210 JACKSONVILLE, FL 32254 US JACKSONVILLE, FL 32236 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 03032004 CR2E037 (10/03) Chg-NP Applied For 4. FEI Number 59-3266247 City & State City & State Not Applicable \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. 7. Name and Address of New Registered Agent Name YOUNG, WAYNE A Street Address (P.O. Box Number is Not Acceptable) 7031 CISCO GARDENS RD W JACKSONVILLE, FL 32219 Zip Code City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to .31, 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State "t. Added to Fees Due by May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Change Addition TITLE PD ☐ Delete TITLE NAME YOUNG, WAYNE A NAME STREET ADDRESS 7031 CISCO GARDENS RD W STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32219 CITY-ST-ZIP ☐ Change ☐ Addition TITLE TD ☐ Delete TITLE BRIM, DARWYN S NAME 6963 POTTSBURG DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP -JACKSONVILLE, FL-CITY-ST-ZIP-☐ Change SVD Delete TITLE TITLE JEFFERY, DANIEL L. NAME NAME R-10 Box 810 STREET ADDRESS 1437 FLAGLER AVENUE STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32207 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME JOHNS, ROBERT NAME STREET ADDRESS 5721 BENDER COURT STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP JACKSONVILLE, FL 32207 🗔 🦏 💹 🔁 Change 🔐 🗶 Addition TITLE TITLE ☐ Delete NAME 42 ECTOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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 required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED

Daytime Phone #