## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N94000004159

Entity Name: WESTGATE CHURCH, INC.

FILED Apr 17, 2006 Secretary of State

Current Pr	incipal Place of	Business:	New Princ	New Principal Place of Business:		
	S ROAD, STE. 2 /ILLE, FL 32254			5400-4 VERNA BLVD. JACKSONVILLE, FL 32205 US		
Current Ma	ailing Address:		New Maili	New Mailing Address:		
P.O. BOX 3 JACKSON\	37149 /ILLE, FL 32236	US				
FEI Number:	59-3266247	FEI Number Applied For()	FEI Number Not Appl	licable ( )	Certificate of Status De	sired ( )
Name and	Address of Cui	rent Registered Agent:	Name and	Address of N	lew Registered Ager	nt:
JACKSON\ The above in the State	O GARDENS RE /ILLE, FL 32219 named entity sub of Florida.		rpose of changing i	ts registered o	ffice or registered age	ent, or both,
SIGNATUR		Signature of Registered Agen	<u> </u>	 Date		
OFFICERS	AND DIRECTO			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () De YOUNG, WAYNE A 7031 CISCO GARI JACKSONVILLE, F	N DENS RD W	Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	TD () De BRIM, DARWYN S 6963 POTTSBURG JACKSONVILLE, F	G DRIVE	Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SVD () De CREWS, ELMER / RT 10 BOX 810 LAKE CITY, FL 32	4	Title: Name: Address: City-St-Zip:	MCINTYRE, HC	LAND GAP TRAIL N	
Title: Name: Address: City-St-Zip:	D () De JOHNS, ROBERT 5721 BENDER CO JACKSONVILLE, F	URT	Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D (X) DO BOLTON, JACK 6642 ECTOR RD JACKSONVILLE, F		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () De ADKINS, JAMES D 2560 TREEMONT JACKSONVILLE, F	JR. STREET	Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	

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: WAYNE A. YOUNG PD 04/17/2006