

FILE NOW: FILING FEE IS \$61.25

FILED
May 24, 1999 8:00 am
Secretary of State

05-24-1999 90024 024 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000000293

1. Corporation Name

WESTERN PINES CHRISTIAN CHURCH, INC.

Principal Place of Business

3633 "D" ROAD
LOXAHATCHEE FL 33470

Mailing Address

3633 "D" ROAD
LOXAHATCHEE FL 33470

2. Principal Place of Business

21 14563 Okeechobee Blvd.

Suite, Apt. #, etc.

22

City & State

23 Loxahatchee, FL

Zip

24 33470

Country

25 U.S.A.

2a. Mailing Address

26 P.O. Box 366

Suite, Apt. #, etc.

27

City & State

28 Loxahatchee, FL

Zip

29 33470

Country

30 U.S.A.

3. Date Incorporated or Qualified

01/20/1998

4. FEI Number

65-0807107

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

THACKER, WILLIAM S

3633 "D" ROAD

LOXAHATCHEE FL 33470

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME HIMMELHEBER, DAVID
STREET ADDRESS 11289 40TH STREET NORTH
CITY-ST-ZIP WEST PALM BEACH FL 33411

☐ DELETE

TITLE D
NAME HIMMELHEBER, MARI
STREET ADDRESS 11289 40TH STREET NORTH
CITY-ST-ZIP WEST PALM BEACH FL 33411

☐ DELETE

TITLE VD
NAME BORUFF, DAVID
STREET ADDRESS 657 RAMBLING DRIVE CIRCLE
CITY-ST-ZIP WELLINGTON FL 33414

☐ DELETE

TITLE TD
NAME BORUFF, PAM
STREET ADDRESS 657 RAMBLING DRIVE CIRCLE
CITY-ST-ZIP WELLINGTON FL 33414

☐ DELETE

TITLE D
NAME VANDERWENDE, KEVIN
STREET ADDRESS 3633 "D" ROAD
CITY-ST-ZIP LOXAHATCHEE FL 33470

☐ DELETE

TITLE SD
NAME VANDERWENDE, ANGIE
STREET ADDRESS 3633 "D" ROAD
CITY-ST-ZIP LOXAHATCHEE FL 33470

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or 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 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)