

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 701757

**Entity Name:** WESTVIEW BAPTIST CHURCH INC

**Current Principal Place of Business:**

13301 N. W. 24TH AVENUE  
MIAMI, FL 33167

**Current Mailing Address:**

PO BOX 173034  
MIAMI, FL 33017 US

**FEI Number:** 36-4527249

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LENOIR, HELEN  
13301 N. W. 24TH AVE.  
MIAMI, FL 33167 US

*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.*

**SIGNATURE:** HELEN LENOIR

04/25/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WOODS, PATTY  
Address        13301 N. W. 24TH AVENUE  
City-State-Zip: MIAMI FL 33167

Title            VP  
Name            LENOIR, TIFFANY  
Address        13301 NW 24 AVENUE  
City-State-Zip: MIAMI FL 33167

Title            SECRETARY  
Name            LENOIR, HELEN  
Address        13301 N. W. 24TH AVENUE  
City-State-Zip: MIAMI FL 33167

Title            CFO, TREASURER  
Name            LENOIR, PATRICIA  
Address        13301 N. W. 24TH AVENUE  
City-State-Zip: MIAMI FL 33167

Title            TREASURER  
Name            WOODS, SHERYL  
Address        13301 N. W. 24TH AVENUE  
City-State-Zip: MIAMI FL 33167

Title            DIRECTOR OF OUTREACH  
Name            REID, MAIZELYN  
Address        13301 N. W. 24TH AVENUE  
City-State-Zip: MIAMI FL 33167

Title            DIRECTOR  
Name            WOODS, TREVON  
Address        13301 N. W. 24TH AVENUE  
City-State-Zip: MIAMI FL 33167

Title            DIRECTOR  
Name            LENOIR, JOSEPH  
Address        13301 N. W. 24TH AVENUE  
City-State-Zip: MIAMI FL 33167

*I hereby 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 all other like empowered.*

**SIGNATURE:** PATTY WOODS

PRESIDENT

04/25/2024

Electronic Signature of Signing Officer/Director Detail

Date