

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90018 038 ****61.25

DOCUMENT # 735157
1. Entity Name
WESTGATE CHRISTIAN CHURCH OF TAMPA, INC.



Principal Place of Business: **8303 JACKON SPRGS RD. TAMPA FL 33615**
Mailing Address: **8303 JACKON SPRGS RD. TAMPA FL 33615**

44044313



MOORE CR2E037 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: **59-1713982**
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**BALSEY, KENNETH
4422 PRESCOTT
TAMPA FL 33616**

7. Name and Address of New Registered Agent
Name: **VERNON CLARK**
Street Address (P.O. Box Number is Not Acceptable): **7402 SPARKMAN ST**
City: **TAMPA** FL Zip Code: **33616**

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: *Vernon Clark* **VERNON CLARK** DATE: **MARCH 25, 2004**
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
Due By May 1, 2004**

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	
TITLE: D NAME: BASLEY, KENNETH STREET ADDRESS: 4422 PRESCOTT CITY-ST-ZIP: TAMPA FL 33616	<input type="checkbox"/> Delete
TITLE: S NAME: HERZ, MARGARET STREET ADDRESS: 5116 GATEWAY DRIVE CITY-ST-ZIP: TAMPA FL 33615	<input type="checkbox"/> Delete
TITLE: D NAME: CLARK, VERNON STREET ADDRESS: 7402 SPARKMAN ST CITY-ST-ZIP: TAMPA FL 33616	<input type="checkbox"/> Delete
TITLE: T NAME: ELLISON, LANNY STREET ADDRESS: 9224 BALFERN COURT CITY-ST-ZIP: TAMPA FL 33615	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE: *Vernon Clark* **VERNON CLARK** Date: **3/25/04** (813) 837-2228