

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 735157

FILED  
Feb 20, 2008  
Secretary of State

Entity Name: WESTGATE CHRISTIAN CHURCH OF TAMPA, INC.

**Current Principal Place of Business:**

8303 JACKSON SPRINGS RD.  
TAMPA, FL 33615

**New Principal Place of Business:**

**Current Mailing Address:**

8303 JACKSON SPRINGS RD.  
TAMPA, FL 33615

**New Mailing Address:**

FEI Number: 59-1713982

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

CLARK, VERNON  
7402 SPARKMAN ST.  
TAMPA, FL 33616 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: WARNER, ERNEST T  
Address: 6308 AXLERSO RD  
City-St-Zip: TAMPA, FL 33634

Title: S ( ) Delete  
Name: HERZ, MARGARET  
Address: 5116 GATEWAY DRIVE  
City-St-Zip: TAMPA, FL 33615

Title: D ( ) Delete  
Name: CLARK, VERNON  
Address: 7402 SPARKMAN ST  
City-St-Zip: TAMPA, FL 33616

Title: T ( ) Delete  
Name: ELLISON, LANNY  
Address: 9224 BALFERN COURT  
City-St-Zip: TAMPA, FL 33615

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LANNY A. ELLISON

TREA

02/20/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date