

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 29 1996 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 735157 (0)**

1. Corporation Name  
**WESTGATE CHRISTIAN CHURCH OF TAMPA, INC.**



Principal Place of Business <b>8303 JACKON SPRGS RD. TAMPA FL 33615</b>	Mailing Address <b>8303 JACKON SPRGS RD. TAMPA FL 33615</b>
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3. Date Incorporated or Qualified <b>03/05/1976</b>	3a. Date of Last Report <b>01/26/1995</b>
4. FEI Number <b>59-1713982</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 [ ] Suite, Apt. #, etc. 22 [ ] City & State 23 [ ] Zip 24 [ ]	2a. Mailing Address 26 [ ] Suite, Apt. #, etc. 27 [ ] City & State 28 [ ] Zip 29 [ ]	Country 25 [ ]	Country 30 [ ]
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9. Name and Address of Current Registered Agent

**BROWNING, TOM  
8417 WOODBRIER COURT  
TAMPA FL 33615**

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 617.0602 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 617.0603, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BROWNING, TOM</b>	
STREET ADDRESS	<b>8417 WOODBRIER COURT</b>	
CITY-ST-ZIP	<b>TAMPA, FL 00000</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>CAMPBELL, PHYLLIS J.</b>	
STREET ADDRESS	<b>1112 SOUTHSIDE DR.</b>	
CITY-ST-ZIP	<b>BRANDON FL</b>	
TITLE	<b>DC</b>	<input type="checkbox"/> DELETE
NAME	<b>SMITH, ROY J</b>	
STREET ADDRESS	<b>6609 MASCOTTE</b>	
CITY-ST-ZIP	<b>TAMPA, FL 00000</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>BALSLEY, JOYCE A.</b>	
STREET ADDRESS	<b>4422 PRESCOTT</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CAMPBELL, DOUGLAS B</b>	
STREET ADDRESS	<b>1112 SOUTHSIDE DR.</b>	
CITY-ST-ZIP	<b>BRANDON FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Joyce A. Balsley DATE: \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

CR2E037 (12/95)