


FILE NOW: FILING FEE IS \$61.25

FILED

May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 735157 (0)
1. Corporation 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
--	--

3. Date Incorporated or Qualified 03/05/1976
4. FEI Number 59-1713982
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 25. Suite, Apt. #, etc. 26. City & State 27. Zip 28. Country
---	--

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

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
Cornett, Wallace R.

82 Street Address (P.O. Box Number is Not Acceptable)
2405 Forest Crest Circle

83

84 City
Lutz,

85 Zip Code
FL 33549

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 **WALLACE R. CORNETT** *[Signature]* **4/22/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature Required) (Date)

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	Cornett, Wallace R.		
1.3 STREET ADDRESS	2405 Forest Crest Circle		
1.4 CITY-ST-ZIP	Lutz, FL 33549		
2.1 TITLE	CD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	Doyle, Miller L.		
2.3 STREET ADDRESS	12301 Kelly Lane		
2.4 CITY-ST-ZIP	Thonotosassa, FL 33592		
3.1 TITLE	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	White, Dawn T.		
3.3 STREET ADDRESS	8717 Somersworth Place		
3.4 CITY-ST-ZIP	Tampa, FL 33634		
4.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	Balsley, Kenneth D.		
4.3 STREET ADDRESS	4422 Prescott		
4.4 CITY-ST-ZIP	Tampa, FL 33616		
5.1 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	White, Scott		
5.3 STREET ADDRESS	8717 Somersworth Place		
5.4 CITY-ST-ZIP	Tampa, FL 33634		
6.1 TITLE		<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.

SIGNATURE: **MILLER L. DOYLE** *[Signature]* **4/22/98**

CR2E037 (10/97)