

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90043 037 ****61.25

DOCUMENT # 735157

1. Entity Name

WESTGATE CHRISTIAN CHURCH OF TAMPA, INC.

Principal Place of Business

Mailing Address

8303 JACKON SPRGS RD.
 TAMPA FL 33615

8303 JACKON SPRGS RD.
 TAMPA FL 33615-2812

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1713982

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORNETT, WALLACE R.
 2405 FOREST CREST CIRCLE
 LUTZ FL 33549**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	CORNETT, WALLACE R.	
STREET ADDRESS	2405 FOREST CREST CIRCLE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	CD	<input type="checkbox"/> Delete
NAME	DOYLE, MILLER L.	
STREET ADDRESS	12301 KELLY LANE	
CITY-ST-ZIP	THONOTOSASSA FL 33592	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	WHITE, DAWN T.	
STREET ADDRESS	8717 SOMERSWORTH PLACE	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	T	<input type="checkbox"/> Delete
NAME	CORNETT, DOLORES	
STREET ADDRESS	2405 FOREST CREST CIRCLE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WHITE, SCOTT	
STREET ADDRESS	8717 SOMERSWORTH PLACE	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BALSLEY, KENNETH D.	
STREET ADDRESS	4422 PRESCOTT	
CITY-ST-ZIP	TAMPA FL 33616	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGARET HERZ	
STREET ADDRESS	5116 GATEWAY DRIVE	
CITY-ST-ZIP	TAMPA, FL 33615	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Wallace R. Cornett **11/2/2000**
 WALLACE R. CORNETT (813) 772-6330
 DATE: _____ DAYTIME PHONE #: _____

CR2E037 (9/99)