

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90108 023 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1713982

Applied For
 Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
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**

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 type="checkbox"/> Delete
NAME	HERZ, MARGARET	
STREET ADDRESS	5116 GATEWAY DRIVE	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	T	<input type="checkbox"/> Delete
NAME	CORNETT, DOLORES	
STREET ADDRESS	2405 FOREST CREST CIRCLE	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 an other like empowered.

SIGNATURE: SIGNED WALLACE R. CORNETT 1/29/01 813-727-6330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)