

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90020 022 ****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**

838379



DO NOT WRITE IN THIS SPACE

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

Kenneth Balsley

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

4422 Prescott

City

Tampa, FL 33616

FL

Zip Code
33616

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 *Kenneth Balsley*
KENNETH BALSLEY

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/24/02

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** Delete
 NAME **CORNETT, WALLACE R.**
 STREET ADDRESS **2405 FOREST CREST CIRCLE**
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE Change Addition
 NAME **Kenneth Balsley**
 STREET ADDRESS **4422 Prescott**
 CITY-ST-ZIP **Tampa, FL 33616**

TITLE **CD** Delete
 NAME **DOYLE, MILLER L.**
 STREET ADDRESS **12301 KELLY LANE**
 CITY-ST-ZIP **THONOTOSASSA FL 33592**

TITLE **D** Change Addition
 NAME **Vernon Clark**
 STREET ADDRESS **7402 Sparkman St**
 CITY-ST-ZIP **Tampa, FL 33616**

TITLE **S** Delete
 NAME **HERZ, MARGARET**
 STREET ADDRESS **5116 GATEWAY DRIVE**
 CITY-ST-ZIP **TAMPA FL 33615**

TITLE **D** Change Addition
 NAME **Lanny Ellison**
 STREET ADDRESS **9224 Balfern Court**
 CITY-ST-ZIP **Tampa, FL 33615**

TITLE **T** Delete
 NAME **CORNETT, DOLORES**
 STREET ADDRESS **2405 FOREST CREST CIRCLE**
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE **D** Change Addition
 NAME **Doreen Ellison**
 STREET ADDRESS **9224 Balfern Court**
 CITY-ST-ZIP **Tampa, FL 33615**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Change Addition
 NAME **Lois Knoffer**
 STREET ADDRESS **8901 West Floral St**
 CITY-ST-ZIP **Tampa, FL 33615**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Change Addition
 NAME **Cheryl Larson**
 STREET ADDRESS **8513 Woodhurst Dr**
 CITY-ST-ZIP **Tampa, FL 33615**

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 persons empowered.

SIGNATURE:

Miller L. Doyle
MILLER L. DOYLE, Chairman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/02

Date

(813) 986-1181

Daytime Phone #

UBR03

CR2E037 (9/01)