

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 756052 (7)
1. Corporation Name
THE WEST COAST BAPTIST ASSOCIATION, INC.



Principal Place of Business Mailing Address
**1010 W. OLIVE ST.
P. O. BOX 8053 (MAIL ADDRESS)
LAKELAND FL 33802-5053**

3. Date Incorporated or Qualified **01/27/1981** 3a. Date of Last Report **04/17/1995**
4. FEI Number **59-2889170** Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution ☐
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

**HAWKINS, REV. WILBERT
4088 BOOKER ST
ORLANDO FL 32811**

10. Name and Address of New Registered Agent

81 Name **Rev. Oscar Johnson, Jr.**
82 Street Address (P.O. Box Number is Not Acceptable) **2619 - 38th Avenue**
83
84 City **Tampa** FL 85 Zip Code **33610**

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 *Oscar Johnson, Jr.* **Oscar Johnson, Jr. Moderator-Director 4/10/96**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **VD JOHNSON, REV. OSCAR**
STREET ADDRESS **2619 38TH AVE**
CITY-ST-ZIP **TAMPA FL**
TITLE ☐ DELETE
NAME **ST BRYANT, EMMA VERONICA**
STREET ADDRESS **5200 HORTON ROAD**
CITY-ST-ZIP **PLANT CITY FL**
TITLE ☐ DELETE
NAME **PD HAWKINS, WILBERT (REV)**
STREET ADDRESS **4088 BOOKER STREET**
CITY-ST-ZIP **ORLANDO FL**
TITLE ☐ DELETE
NAME **VD TURNER, REV. BRAGG L.**
STREET ADDRESS **1800 18TH AVENUE SOUTH**
CITY-ST-ZIP **ST. PETERSBURG FL**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition
12 NAME **D/P**
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE ☒ Change ☐ Addition
32 NAME **D**
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE ☒ Change ☐ Addition
42 NAME **D**
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE ☐ Change ☒ Addition
52 NAME **V/D Rev. Larry G. Mills**
53 STREET ADDRESS **5200 West South Street**
54 CITY-ST-ZIP **Orlando, FL 32811**
61 TITLE ☐ Change ☒ Addition
62 NAME **V/D Rev. Johnnie Dailey**
63 STREET ADDRESS **1680 - 18th Street**
64 CITY-ST-ZIP **Sarasota, FL 33580**

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: *Emma Veronica Bryant* **Emma Veronica Bryant 4/10/96 (813)623-4413**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (12/95)