

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAR -2 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N20947 (0)

1. Corporation Name

WEST CHARLOTTE BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

11050 WILLINGTON RD.
ENGLEWOOD FL 34224
US

11050 WILMINGTON BLVD
ENGLEWOOD FL 34224
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1987

3a. Date of Last Report

03/03/1994

4. FEI Number

59-2813682

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**

7. Nonprofit with IRS 501(c)(3)

☐

**\$68.75 Supplemental
Fee Not Required**

Tax Exempt Status

☒

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

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRYANT, TOM
13100 MCCALL RD.
SUITE 138
PT. CHARLOTTE FL 33981**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	LUND, ROBERT
STREET ADDRESS	6374 GRANGER ROAD
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE	S
NAME	SHEVLIN, MARY
STREET ADDRESS	5534 DAVID BLVD.
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE	T
NAME	LUND, DORIS
STREET ADDRESS	6374 GRANGER ROAD
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE	D
NAME	STRODE, THOMAS
STREET ADDRESS	1574 BLUE HERON DRIVE
CITY-ST-ZIP	ENGLEWOOD FL
TITLE	D
NAME	ANGLIN, JAMES
STREET ADDRESS	7060 JANETTE
CITY-ST-ZIP	ENGLEWOOD FL
TITLE	D
NAME	CLINE, GEORGE
STREET ADDRESS	9341 OCEANSPRAY BLVD
CITY-ST-ZIP	ENGLEWOOD FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 110.07(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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Mary Shevlin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mary Shevlin, Clerk

2-22-95

(813)697-0831