

# 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 # 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

3. Date Incorporated or Qualified  
**06/03/1987**

3a. Date of Last Report  
**03/02/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number  
**59-2813682**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

## 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 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

*Thomas F. Bryant*

**THOMAS F. BRYANT**

**2/2/96**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **D LUND, ROBERT**  
STREET ADDRESS **6374 GRANGER ROAD**  
CITY - ST - ZIP **PORT CHARLOTTE FL**

TITLE ☐ DELETE  
NAME **S SHEVLIN, MARY**  
STREET ADDRESS **5534 DAVID BLVD.**  
CITY - ST - ZIP **PORT CHARLOTTE FL**

TITLE ☐ DELETE  
NAME **T LUND, DORIS**  
STREET ADDRESS **6374 GRANGER ROAD**  
CITY - ST - ZIP **PORT CHARLOTTE FL**

TITLE ☐ DELETE  
NAME **D STRODE, THOMAS**  
STREET ADDRESS **1574 BLUE HERON DRIVE**  
CITY - ST - ZIP **ENGLEWOOD FL**

TITLE ☐ DELETE  
NAME **D ANGLIN, JAMES**  
STREET ADDRESS **7060 JANETTE**  
CITY - ST - ZIP **ENGLEWOOD FL**

TITLE ☐ DELETE  
NAME **O CLINE, GEORGE**  
STREET ADDRESS **9341 OCEANSPRAY BLVD**  
CITY - ST - ZIP **ENGLEWOOD FL**

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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:

*Mary Shevlin* **MARY SHEVLIN**

**2/2/96**

**(941)697-8831**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)