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Jan 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

11050 WILLINGTON RD.
ENGLEWOOD FL 34224
US

Mailing Address

11050 WILMINGTON BLVD
ENGLEWOOD FL 34224-9698
US3. Date Incorporated or Qualified
06/03/19873a. Date of Last Report
02/08/19964. FEI Number
59-2813682Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name Yates, Richard

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

83 City State Zip

84 City Port Charlotte FL 85 Zip Code 33954

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 x Richard Yates Pastor Richard Yates 1-13-97

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TR Change Addition
1.2 NAME Lund, Robert
1.3 STREET ADDRESS 6374 Granger Road
1.4 CITY-ST-ZIP Port Charlotte, FL2.1 TITLE S Change Addition
2.2 NAME Martin, Judy
2.3 STREET ADDRESS 4022 Corvette Lane
2.4 CITY-ST-ZIP North Port, FL 342873.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE TR Change Addition
4.2 NAME Yoder, Gordon
4.3 STREET ADDRESS 15564 McComb Circle
4.4 CITY-ST-ZIP Port Charlotte, FL 339815.1 TITLE TR Change Addition
5.2 NAME Anglin, James
5.3 STREET ADDRESS 7060 Janette
5.4 CITY-ST-ZIP Englewood, FL6.1 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: x Richard Yates

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-97 (941) 475-5363

Date

Daytime Phone # 0062606

CR2E037 (9/96)