

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20947

1. Entity Name

WEST CHARLOTTE BAPTIST CHURCH, INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90170 048 \*\*\*\*61.25

Principal Place of Business  
11050 WILLINGTON RD.  
ENGLEWOOD FL 34224  
US

Mailing Address  
11050 WILMINGTON BLVD  
ENGLEWOOD FL 34224-9698  
US

2. Principal Place of Business  
*Same as above*

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **59-2813682**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~MILLER, EDWINE~~  
~~168 CADDY RD~~  
~~ROTONDA FL 33947~~

*LOIS E. KARHAN*  
*6460 BLUEBERRY DR.*  
*ENGLEWOOD, FL. 34224*

7. Name and Address of New Registered Agent

Name *PASTOR MICHAEL LINDSEY*

Street Address (P.O. Box Number is Not Acceptable)  
*10501 SANDRIFT AVE.*

City *ENGLEWOOD* FL Zip Code *34224*

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 *Lois E. Karhan* DATE *1-11-2000*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	TR	<input type="checkbox"/> Delete
NAME	FRANKLIN, CURTIS	
STREET ADDRESS	2764 QUARRY ST	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	MILLER, EDWINE	
STREET ADDRESS	168 CADDY RD	
CITY-ST-ZIP	ROTONDA FL 33947	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	YODER, GORDON	
STREET ADDRESS	15564 MCCOMB CIR	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	TR	<input type="checkbox"/> Delete
NAME	BLANK, ROBERT	
STREET ADDRESS	4338 GILLOT BLVD	
CITY-ST-ZIP	PORT CHARLOTTE FL 33981	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ACTING CLERK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOIS E. KARHAN	
STREET ADDRESS	6460 BLUEBERRY DR	
CITY-ST-ZIP	ENGLEWOOD FL. 34224	
TITLE	TR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLAIRE VAN DUSEN	
STREET ADDRESS	6928 ADDERLY RD.	
CITY-ST-ZIP	ENGLEWOOD, FL 34224	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 like empowered.

SIGNATURE: *Lois E. Karhan* **SIGNATURE REQUIRED** *1/11/2000* *941-474-4239*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)