

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N20947

1. Entity 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
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

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

7. Name and Address of New Registered Agent

LINDSEY, MICHAEL P
10501 SANDRIFT AVE
ENGLEWOOD FL 34224

Name

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

City

FL

Zip Code

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

Teri Snyder

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

(NOTE: Registered Agent signature required when reinstating)

1/10/01

DATE

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	AC	<input type="checkbox"/> Delete
NAME	KARMAN, LOIS E	
STREET ADDRESS	6460 BLUEBERRY DR	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	TR	<input type="checkbox"/> Delete
NAME	VAN DUSEN, CLAIRE	
STREET ADDRESS	6928 ADDERLY RD	
CITY-ST-ZIP	ENGLEWOOD FL 34224	
TITLE	TR	<input type="checkbox"/> Delete
NAME	BLANK, ROBERT	
STREET ADDRESS	4338 GILLOT BLVD	
CITY-ST-ZIP	PORT CHARLETTE 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Teri Snyder

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/2001

Date

(941) 475-5363

Daytime Phone #

FILED
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90028 008 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)