2002 UNIFORM BUSINESS REPORT (UBR)

1

FILED
Mar 29, 2002 8:00 am
Secretary of State
01-25-2002 90014 021 ****61.25

DOCUMENT # N20947

1. Entity 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

[redacted]

DO NOT WRITE IN THIS SPACE

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR FRANKLIN, CURTIS 2764 QUARRY ST ENGLEWOOD FL 34224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AC KARMAN, LOIS E 6480 BLUEBERRY DR ENGLEWOOD FL 34224	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~KARR~~ GARLING, KAREN L. 9164 PROSPECT AVE ENGLEWOOD FL 34224 ☐ Change ☒ Addition "AC"
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR VAN DUSEN, CLAIRE 6928 ADDERLY RD ENGLEWOOD FL 34224	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	GARLING, MARION R. 9164 PROSPECT AVE ENGLEWOOD FL 34224 ☐ Change ☒ Addition "T"
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR BLANK, ROBERT 4338 GILLOT BLVD PORT CHARLETTE FL 33981	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ANDERSON, MARY 221 FRAY ST ENGLEWOOD, FL 34223 ☐ Change ☒ Addition "T"
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SNYDER, TERI 7460 SEA MIST DR PORT CHARLOTTE FL 33981	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RASH, CATHERINE 10433 ST. PAUL DR PORT CHARLOTTE, FL 33981 ☐ Change ☒ Addition "S"
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MYERS, KEN 3002 BOURBON ST ENGLEWOOD FL 34224 ☐ Change ☒ Addition "T"

CR2E037 (9/01)

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: Karen L Garling REQUIRED 1/10/02 (941) 473-9164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #