2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20947

FILED Apr 30, 2009 Secretary of State

Entity Name: WEST CHARLOTTE BAPTIST CHURCH, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	.MINGTON BLVD DOD, FL 34224	US			
Current N	lailing Address:		New Mailing Addres	es:	
P O BOX (ENGLEW)	507 DOD, FL 34295	US			
FEI Number	: 59-2813682	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of Cur	rent Registered Agent:	Name and Address	of New Registered Agent:	
11050 WIL	R., MICHAEL DF LMINGTON BLV DOD, FL 34224				
	named entity sub of Florida.	omits this statement for the p	urpose of changing its registere	ed office or registered agent, or both	
SIGNATUI	RE:				
	Electronic	Signature of Registered Age	ent	Date	
OFFICER	S AND DIRECTO	RS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTO	
Fitle: Name: Address: City-St-Zip:	AC () De PLANT, LINDA 12255 VANLOON A PORT CHARLOTT	AVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Γitle: Name:	TC () De SHIFFLETT, DONN P O BOX 507	VA C	Title: Name: Address: City-St-Zip:	() Change () Addition	
Address: City-St-Zip:	ENGLEWOOD, FL	04200			
Address: Dity-St-Zip: Fitle: Name: Address:	T (X) DO CELANI, DAVID 9422 ACCO AVE # ENGLEWOOD, FL	elete B	Title: Name: Address: City-St-Zip:	() Change () Addition	
Address:	T (X) De CELANI, DAVID 9422 ACCO AVE #	elete fB . 34224 elete NE	Name: Address:	() Change () Addition () Change () Addition	
Address: Dity-St-Zip: Fitle: Name: Address: Dity-St-Zip: Fitle: Name: Address:	T (X) De CELANI, DAVID 9422 ACCO AVE # ENGLEWOOD, FL T () De LISTA, LOUIS 5432 PHELPS LAN	elete BB 34224 elete NE E, FL 33981 elete	Name: Address: City-St-Zip: Title: Name: Address:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONNA SHIFFLETT TC 04/30/2009