

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N99000006900

FILED
Apr 30, 2003
Secretary of State

Entity Name: WEST SHORE COMMUNITY CHURCH, INC.

Current Principal Place of Business:

310 N.W. ORANGE DR.
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 512823
PANTA GORDON, FL 33951

New Mailing Address:

P.O. BOX 512823
PUNTA GORDA, FL 33951

FEI Number: 65-0967318

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, GUY
310 N.W. ORANGE DR.
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALLEN, GUY
Address: 310 N.W. ORANGE DR.
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D () Delete
Name: ALLEN, DARCIE
Address: 310 N.W. ORANGE DR.
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D () Delete
Name: BELVITCH, PAUL
Address: 5010 ADMINISTRATION ST.
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D () Delete
Name: BELVITCH, DEBRA L
Address: 5010 ADMINISTRATION ST.
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: S () Delete
Name: MARTIN, BELINDA
Address: 26054 SHARE DRIVE
City-St-Zip: PUNTA GORDA, FL 33950

Title: PD () Delete
Name: WILLIAM, MARTIN
Address: 26054 SHARE DR
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM MARTIN

PD

04/30/2003

Electronic Signature of Signing Officer or Director

Date