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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 710924 (2)

1. Corporation Name
TRI-CITY BAPTIST CHURCH OF CHARLOTTE COUNTY, INC

Principal Place of Business 24058 HERITAGE PLACE CHARLOTTE HARBOR FL 33980	Mailing Address 24058 HERITAGE PLACE CHARLOTTE HARBOR FL 33980
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2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**FOUST, VAUGHN PASTOR
24058 HERITAGE PLACE
CHARLOTTE HARBOR FL 33980**

3. Date Incorporated or Qualified
01/11/1972

4. FEI Number
59-1401258

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name **NOT changed**

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VTR	<input type="checkbox"/> DELETE
NAME	BRYAN, MAX	
STREET ADDRESS	24437 HARBORVIEW RD., #99	
CITY - ST - ZIP	CHARLOTTE HARBOR FL 33980	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LOVINS, WILBERT	
STREET ADDRESS	21481 GILBRALTER DR.	
CITY - ST - ZIP	PORT CHARLOTTE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	FOUST, VAUGHN	
STREET ADDRESS	24058 HERITAGE PL	
CITY - ST - ZIP	CHARLOTTE HARBOR FL	
TITLE	TR	<input checked="" type="checkbox"/> DELETE
NAME	SLUSS, THOMAS	
STREET ADDRESS	22448 NEW YORK AVE	
CITY - ST - ZIP	PORT CHARLOTTE FL 33952	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KELLER, JESSE	
STREET ADDRESS	23327 MCCANDLESS	
CITY - ST - ZIP	PORT CHARLOTTE FL 33952	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	OSBORNE, JOSEPH	
STREET ADDRESS	107 SAL'EM ST	
CITY - ST - ZIP	PORT CHARLOTTE FL 33952	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T.R. Robert Barton
4.3 STREET ADDRESS	715 Indian Creek Ln
4.4 CITY - ST - ZIP	Punta Gorda FL 33982
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	T.R. Tom Rainey
6.3 STREET ADDRESS	2340 Maloua Ct
6.4 CITY - ST - ZIP	Punta Gorda FL 33983

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert Barton* 1-22-98 941-625-7412

CR2E037 (10/97)