

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90044 010 ****61.25

DOCUMENT # 710924

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

01/11/1972

4. FEI Number

59-1401258

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

FOUST, VAUGHN PASTOR
24058 HERITAGE PLACE
CHARLOTTE HARBOR FL 33980

10. Name and Address of New Registered Agent

81 Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VTR ☐ DELETE
NAME BRYAN, MAX
STREET ADDRESS 24437 HARBORVIEW RD., #99
CITY-ST-ZIP CHARLOTTE HARBOR FL 33980

TITLE S ☒ DELETE
NAME LOVINS, WILBERT
STREET ADDRESS 21481 GILBRALTER DR.
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE P ☐ DELETE
NAME FOUST, VAUGHN
STREET ADDRESS 24058 HERITAGE PL
CITY-ST-ZIP CHARLOTTE HARBOR FL

TITLE TR ☒ DELETE
NAME BEATON, ROBERT
STREET ADDRESS 715 INDIAN CREEK LN
CITY-ST-ZIP PUNTA GORDA FL 33982

TITLE T ☐ DELETE
NAME KELLER, JESSE
STREET ADDRESS 23327 MCCANDLESS
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE TR ☒ DELETE
NAME RAINEY, TOM
STREET ADDRESS 2340 MALONA CT
CITY-ST-ZIP PUNTA GORDA FL 3398

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TR ☒ Change ☐ Addition
1.2 NAME Halton, Ed
1.3 STREET ADDRESS 9662 SW Yacht Dr.
1.4 CITY-ST-ZIP Arcadia, FL 33821

2.1 TITLE TR ☒ Change ☐ Addition
2.2 NAME Relyea, John
2.3 STREET ADDRESS 3356 Harbor Blvd
2.4 CITY-ST-ZIP Pt. Charlotte, FL 33952

3.1 TITLE TR ☒ Change ☐ Addition
3.2 NAME Stasney, John
3.3 STREET ADDRESS 18166 Caru Ave.
3.4 CITY-ST-ZIP Pt. Charlotte, FL 33948

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-625-7412

0062311

CR2E037-(11/98)