

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2005  
Secretary of State**

DOCUMENT# 710924

Entity Name: TRI-CITY BAPTIST CHURCH OF CHARLOTTE COUNTY, INC.

**Current Principal Place of Business:**

TRI CITY BAPTIST CHURCH  
24058 HERITAGE PLACE  
PORT CHARLOTTE, FL 33980

**New Principal Place of Business:**

**Current Mailing Address:**

TRI CITY BAPTIST CHURCH  
24058 HERITAGE PLACE  
PORT CHARLOTTE, FL 33980

**New Mailing Address:**

FEI Number: 59-1401258      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MANNING, MARK PASTOR  
24058 HERITAGE PLACE  
CHARLOTTE HARBOR, FL 33980      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: T      ( ) Delete  
Name: RELYEA, JOHN  
Address: 3356 HARBOR BLVD  
City-St-Zip: PT CHARLOTTE, FL 33952

Title: PD      ( ) Delete  
Name: MANNING, MARK PASTOR  
Address: 24058 HARITAG PL  
City-St-Zip: CHARLOTTE HARBOR, FL

Title: T      ( ) Delete  
Name: JOHNSTON, ROBERT  
Address: 14 MEDALIST RD  
City-St-Zip: ROTONDA WEST, FL 33947

**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:

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: MARK MANNING

P

04/30/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date