

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2003 8:00 am
Secretary of State

07-11-2003 90053 005 ***70.00

DOCUMENT # 710924

1. Entity Name

TRI-CITY BAPTIST CHURCH OF CHARLOTTE COUNTY, INC



Principal Place of Business

**TRI CITY BAPTIST CHURCH
24058 HERITAGE PLACE
CHARLOTTE HARBOR FL 33980**

Mailing Address

**TRI CITY BAPTIST CHURCH
24058 HERITAGE PLACE
CHARLOTTE HARBOR FL 33980**

2. Principal Place of Business

**24058 HERITAGE
(TRI-CITY BAPTIST CHURCH) PL.**

3. Mailing Address

24058 HERITAGE PL.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PORT CHARLOTTE, FL

City & State

PORT CHARLOTTE, FL

4. FEI Number **59-1401258**

Applied For

Not Applicable

Zip

33980

Country

USA

Zip

33980

Country

USA

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MANNING, MARK PASTOR
24058 HERITAGE PLACE
CHARLOTTE HARBOR FL 33980**

Name

SAME

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Mark Manning, Pastor

7-7-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **RELYEA, JOHN**
STREET ADDRESS **3356 HARBOR BLVD**
CITY-ST-ZIP **PT CHARLOTTE FL 33952**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **PD**
STREET ADDRESS **MANNING, MARK PASTOR**
CITY-ST-ZIP **24058 HARTAG PL
CHARLOTTE HARBOR FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Delete
NAME **BROWN, WYLIE**
STREET ADDRESS **3168 PINETREE ST**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **JOHNSTON, ROBERT**
STREET ADDRESS **14 MEDALIST RD**
CITY-ST-ZIP **ROTONDA WEST FL 33947**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark Manning **REQUIRED**

7-7-03

94-625-7412

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)