FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 06 1997 8:00am

Secretary of State

625-7733

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

SIGNATURE:

753944

(8)

CHARLOTTE BIBLE CHURCH, INC.

VII.		-				
Principat Place of Business		Mailing Address		- I I FEILL TOUGH MADE HUIF IDILL DADH I	'ADE BANGA MAGA WENEL DANGA BANGA BANGA	
500 SABLE STREET PORT CHARLOTTE FL 33954		500 SABLE STREET PORT CHARLOTTE FL 33954-2633				
					3. Date Incorporated or Qualified 08/26/1980	3s. Date of Last Report 04/10/1996
2. Principal Pla	ace of Business	2a. Mailing Address 26			4. FEI Number 59-2021973	Applied For Not Applicable
Suite, Apt. #	ŧ, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	S8.75 Additional Fee Regulred
City & State	•	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zıp	Country	Zip	Count	гу	8. This corporation has fiability for in	
24	25	29	30			Yes XI No
	9. Name and Address of Curre	nt Hegistered Agent	8	1 Name	10. Name and Address of New Rec	jistered Agent
SUBBEN	TIONO LOUIS		L			
SORRENTIONO, LOUIS 3498 JERNIGAN ST			8	2 Street Addi	ress (P.O. Box Number is Not Acceptable	e)
PORT CHARLOTTE FL 33948			8	3		
			8	4 City		FL 85 Zip Code
11. Pursuant to	o the provisions of Sections 617.050	02 and 617.1508, Florida Statu	tes, the abo	ve-named corr	poration submits this statement for the pr	urpose of changing its registered
office or re	egistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida. Such change was	authorized I	by the corporat	tion's board of directors. I hereby accep	t the appointment as registered
SIGNATURE _		,,,-,-,,-,,,,,,,,,,,,,,,,,,,,,				
	Signature, typed or printed name of registered ag			gent signature requi	red when reinstating)	DATE
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	d Giardelli, Joseph	☐ DELETE	1.1 TITU			Change Addition
NAME CIOCCI ADODESIC	22446 ASTER COVE		1.2 NAM			
STREET ADDRESS	PORT CHARLOTTE FL			ET ADDRESS		
CITY-ST-ZIP TITLE	VD	DELETE	1.4 CITY 2.1 TITLE			Change Addition
NAME	LANGFORD, ROBERT C		2.2 NAM	i		
STREET ADDRESS	501 SPRUCE STREET			ET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL			-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE			Change Addition
NAME	SORRENTINO, LOUIS A		3.2 NAM	E		
STREET ADDRESS	3498 JERNIGAN ST		3.3 STRE	ET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL		3.4. C(T)	-ST-ZIP		
TITLE	TO	L DELETE	4.1 TITLE			Change Addition
NAME	PRINCE, JERRY W		4. 2 NAM			
STREET ADDRESS	226 DEPEW CIRCLE		-	ET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL	☐ DELETE		-ST-ZIP		Change Addition
TITLE NAME			5.1 TITLE 5.2 NAM			Change Addition
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			5.4 CITY			
TITLE		DELETE	6.1 TITLE			Change Addition
NAME		_ :	6.2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			6.4 CITY			
14. I do hereb	y certify that the information supplied	ed with this filing does not qual	lify for the ex	kemption stated	d in Section 119.07(3)(i), Florida Statutes	I further certify that the
I am an of	r indicated of this arribal report or ficer or director of the corporation o n Block 12 or Block 13 if changed, o	r the receiver or trustee empor	wered to exc	ecute this repo	t my signature shall have the same legal rt as required by Chapter 617, Florida Si	atutes; and that my name