

# 2000 UNIFORM BUSINESS REPORT (UBR)

001474

DOCUMENT # 753944

1. Entity Name

CHARLOTTE BIBLE CHURCH, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

00 NOV -1 PM 4:50

Principal Place of Business

500 SABLE STREET  
PORT CHARLOTTE FL 33954

Mailing Address

500 SABLE STREET  
PORT CHARLOTTE FL 33954

2. Principal Place of Business

3. Mailing Address

P.O. Box 2655

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Port Charlotte, FL

REINSTATEMENT

4. FEI Number 59-2021973

Applied For  
Not Applicable

Zip

Country

Zip

Country

33949

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

SORRENTIONO, LOUIS  
3498 JERNIGAN ST  
PORT CHARLOTTE FL 33948

Name

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.

SIGNATURE

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 13, 2000 min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete  
NAME GIARDELLI, JOSEPH  
STREET ADDRESS 22446 ASTER COVE  
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE TD ☐ Change ☒ Addition  
NAME GIARDELLI, ELEANOR  
STREET ADDRESS 22446 Aster Avenue  
CITY-ST-ZIP Port Charlotte, FL 33952

TITLE VD ☐ Delete  
NAME LANGFORD, ROBERT C  
STREET ADDRESS 501 SPRUCE STREET  
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE D ☒ Change ☐ Addition  
NAME LANGFORD, ROBERT C.  
STREET ADDRESS 501 Spruce Street  
CITY-ST-ZIP Port Charlotte, FL 33952

TITLE SD ☐ Delete  
NAME SORRENTINO, LOUIS A  
STREET ADDRESS 3498 JERNIGAN ST  
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE PD ☒ Change ☐ Addition  
NAME SORRENTINO, LOUIS A.  
STREET ADDRESS 3498 Jernigan Street  
CITY-ST-ZIP Port Charlotte, FL 33952

TITLE TD ☐ Delete  
NAME PRINCE, JERRY W  
STREET ADDRESS 226 DEPEW CIRCLE  
CITY-ST-ZIP PORT CHARLOTTE FL

TITLE SD ☐ Change ☒ Addition  
NAME HYSELL, CATHY  
STREET ADDRESS 5247 Polangos Drive  
CITY-ST-ZIP Punta Gorda, FL 33982

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Louis A. Sorrentino, President 9/12/00 941-629-4850

Date

Daytime Phone #

CR2E037 (5/00)