


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2008 8:00 am**  
**Secretary of State**

01-29-2008 90012 032 \*\*\*\*61.25

<b>DOCUMENT # 753944</b> 1. Entity Name <b>CHARLOTTE BIBLE CHURCH, INC.</b>					
Principal Place of Business 5247 PALANGOS DRIVE PUNTA GORDA, FL 33982			Mailing Address P.O. BOX 494637 PORT CHARLOTTE, FL 33949		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2021973</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HYSELL, CATHY</b> <b>5247 PALANGOS DRIVE</b> <b>PUNTA GORDA, FL 33982</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <i>Cathy Hysell</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<i>Cathy Hysell</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>		1-25-08 <small>DATE</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGFORD, ROBERT C 501 SPRUCE STREET PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SORRENTIONO, LOUIS A 3498 JERNIGAN ST PORT CHARLOTTE, FL 39352	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GIARDELLI, ELEANOR 22446 ASTER AVENUE PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HYSELL, CATHY 5247 POLANGOS DRIVE PUNTA GORDA, FL 33982	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Cathy Hysell</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR</small>		
1-25-08 9415757602 <small>Date Daytime Phone #</small>					

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01172008 Chg-NP CR2E037 (12/06)

Applied For  
Not Applicable

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

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

SIGNATURE *Cathy Hysell*

*Cathy Hysell*

1-25-08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25**

**Due by May 1, 2008**

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

NAME

STREET ADDRESS

CITY-ST-ZIP

D

LANGFORD, ROBERT C

501 SPRUCE STREET

PORT CHARLOTTE, FL 33952

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD

SORRENTIONO, LOUIS A

3498 JERNIGAN ST

PORT CHARLOTTE, FL 39352

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TD

GIARDELLI, ELEANOR

22446 ASTER AVENUE

PORT CHARLOTTE, FL 33952

☐ Delete

TITLE

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5247 POLANGOS DRIVE

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