

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 06, 2005 8:00 am
Secretary of State

07-06-2005 90033 028 ****70.00

DOCUMENT # 764276 1. Entity Name WEST COAST CHURCH ASSEMBLY OF GOD, INC.					
Principal Place of Business 240 PINE ST ENGLEWOOD, FL 34223			Mailing Address 240 PINE ST ENGLEWOOD, FL 34223		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent POSTELL, DENNIS JR 240 N PINE ST ENGLEWOOD, FL 34223					
7. Name and Address of New Registered Agent Name: Charles D. Turpin Street Address (P.O. Box Number is Not Acceptable): 240 Pine St City: Englewood FL Zip Code: 34223					
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: <u><i>Charles D. Turpin</i></u> Charles D. Turpin, President 6-30-05 <small>Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POSTELL, DENNIS JR <input checked="" type="checkbox"/> Delete 240 N PINE ST ENGLEWOOD, FL 34223				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CONNERS, PAMELA <input checked="" type="checkbox"/> Delete 21036 KEARNEY AVE PORT CHARLOTTE, FL 33952				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RABURN, TERRY <input type="checkbox"/> Delete 1437 E MEMORIAL BLVD LAKELAND, FL 33801				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Turpin, Charles D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 240 Pine St. Englewood, FL 34223				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Shirosky, Steven <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2594 Chipley Ave North Port, FL 34286				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: <u><i>Charles D. Turpin</i></u> Charles D. Turpin 6-30-05 941-474-7687 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					