FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06883 (5)

1. Corporation Name

SONSHINE BAPTIST CHURCH OF PORT CHARLOTTE, FLORIDA, INC.

Principal Place of Business	Mailing Address
23105 HILLSBOROUGH BLVD. PORT CHARLOTTE FL 33954	23105 HILLSBOROUGH BLVD. PORT CHARLOTTE FL 33954

3. Date Incorporated or Qualified: 12/31/1984

3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: Country — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: Country — 30:

4. FEI Number: 59-2448321 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

STRAIN, RANDALL D
333 HARWICK ST.
PORT CHARLOTTE FL 33954

10. Name and Address of New Registered Agent

81 Name: WILLIAM K. BALES

82 Street Address (P.O. Box Number is Not Acceptable): 19505 QUESADA AVE

83: APT Q102

84 City: PORT CHARLOTTE FL 85 Zip Code: 33952

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: William K. Bales — 4-24-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☒ DELETE	1.1 TITLE	P	☐ Change ☒ Addition
NAME	STRAIN, RANDALL D		1.2 NAME	BALES, WILLIAM K.	
STREET ADDRESS	333 HARWICK ST.		1.3 STREET ADDRESS	19505 QUESADA AVE #Q102	
CITY-ST-ZIP	PORT CHARLOTTE FL		1.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	GRAMER, AL		2.2 NAME	ALLSHOUSE, HARRY	
STREET ADDRESS	280 BAHIA BLANCA DRIVE		2.3 STREET ADDRESS	302 ROCHESTER	
CITY-ST-ZIP	PORT CHARLOTTE FL		2.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE	D	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	LUMMUS, WILLIAM		3.2 NAME	CENTERS, MILLARD	
STREET ADDRESS	244 E. TARPON		3.3 STREET ADDRESS	10649 S.W. PARK AVE.	
CITY-ST-ZIP	PORT CHARLOTTE FL		3.4 CITY-ST-ZIP	ARACADIA FL 33821	
TITLE	D	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	KELLAR, BILL		4.2 NAME	JACKSON, KENNETH T.	
STREET ADDRESS	26054 ANCUDA DR.		4.3 STREET ADDRESS	27260 ORURO DR	
CITY-ST-ZIP	PORT CHARLOTTE FL 33983		4.4 CITY-ST-ZIP	PUNTA GORDA FL 33983	
TITLE	DT	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	KOLLER, GREG		5.2 NAME	MILLER, TERRY	
STREET ADDRESS	1258 N. SALFORD BLVD		5.3 STREET ADDRESS	381 WYLER ST.	
CITY-ST-ZIP	NORTH PORT FL		5.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33954	
TITLE	D	☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	MUNRO, JOHN		6.2 NAME	SHARKEY, DAVID	
STREET ADDRESS	1325 NIMROD ST.		6.3 STREET ADDRESS	6752 DENNISON AVE.	
CITY-ST-ZIP	PORT CHARLOTTE FL		6.4 CITY-ST-ZIP	NORTH PORT, FL 34287	

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: W. L. Keller — Apr 24, 96 — 941-625-1273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #