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May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 33954-2406

3. Date Incorporated or Qualified: 12/31/1984
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 23105 Veteran Blvd.
Suite, Apt. #, etc. 22
City & State 23 PORT CHARLOTTE FL
Zip 24 33954 Country 25 Charlotte

2a. Mailing Address
26 23105 Veterans Blvd.
Suite, Apt. #, etc. 27
City & State 28 PORT CHARLOTTE FL
Zip 29 33954 Country 30 Charlotte

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

BALES, WILLIAM K
~~19505 QUESADA AVE~~
~~APT Q102~~
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

81 Name: BALES, William K.
82 Street Address (P.O. Box Number is Not Acceptable): 32176 GLORY AVE.
83
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 — Apr. 22nd 1997
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	☐ Change ☐ Addition
NAME	BALES, WILLIAM K		1.2 NAME	
STREET ADDRESS	19505 QUESADA AVE #Q1025		1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ALLSHOUSE, HARRY		2.2 NAME	
STREET ADDRESS	302 ROCHESTER		2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL.		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CENTERS, MILLARD		3.2 NAME	
STREET ADDRESS	10649 SW PARK AVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	ARACADIA FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	KELLAR, BILL		4.2 NAME	
STREET ADDRESS	28054 ANCUDA DR.		4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33983		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MILLER, TERRY		5.2 NAME	
STREET ADDRESS	381 WYLER ST		5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MUNRO, JOHN		6.2 NAME	
STREET ADDRESS	1325 NIMROD ST.		6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL		6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do 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 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: [illegible] APPL 22 '97 (941) 625-1273