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May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 VETERAN BLVD. PORT CHARLOTTE FL 33954 US	23105 VETERANS BLVD. PORT CHARLOTTE FL 33954 US

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

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BALES, WILLIAM K 32176 GLORY AVE. PORT CHARLOTTE FL 33952	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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

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	TR	☐ Change ☒ Addition
NAME	CENTERS, MILLARD		3.2 NAME	OFFER, Robert	
STREET ADDRESS	10649 SW PARK AVE		3.3 STREET ADDRESS	21264 BIRWOOD	
CITY-ST-ZIP	ARACADIA FL		3.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33954	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KELLAR, BILL		4.2 NAME		
STREET ADDRESS	26054 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 (10/97)

14. 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 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: William K Bales