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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

DOCUMENT # N06883

SONSHINE BAPTIST CHURCH OF PORT CHARLOTTE, FLORI DA, INC.

Country

9. Name and Address of Current Registered Agent

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Principal Flace of business								
23105 VETERAN BLVD. PORT CHARLOTTE FL 33954 US								

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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23

24

Zip

Mailing Address

2a. Mailing Address

City & State

Žio

Suite, Apt. #, etc.

23105 VETERANS BLVD. PORT CHARLOTTE FL 33954

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FILED May 05, 1999 8:00 am § Secretary of State

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3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

10. Name and Address of New Registered Agent

Trust Fund Contribution

12/31/1984

59-2448321

4. FEI Number

NAME BALES, WILLIAM K 12NAME 12NAME 13STREET ADDRESS 19505 QUESADA AVE #Q1025 13STREET ADDRESS 14CTV-ST-ZP PORT CHARLOTTE FL 33952 TR Change XX Addition										
PORT CHARLOTTE FL 33952 84	32176 GLORY AVE.			82	Street A	Address (P.O. Box Number is Not Acceptable)				
PORT CHARLOTTE FL 33952 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections \$17,0502 and \$17,1508, Florids 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 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 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 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 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 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 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 office or registered agent, or both, in the State of Florida, Statules. ITILE PORT CHARLOTTE FL 13. ADDITIONSICHANGES TO OFFICERS AND DIRECTORS IN 12 13. ADDITIONSICHANGES TO OFFICERS AND				83						
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 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 12. OFFICERS AND DIRECTORS 13. TITLE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 14. D ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE 16. D ALLSHOUSE, HARRY 17. STREET ADDRESS 14. Gry St. 2P PORT CHARLOTTE FL. 33.95.2 17. STREET ADDRESS 14. Gry St. 2P PORT CHARLOTTE FL. 33.95.2 17. STREET ADDRESS 1. STR										
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's Deard of directors. I nerely accept mile appointment as registered agent, in the familiar with, and accept the obligations of, Section 617/5036, Florida Statutes. Signature Signat					•		FL T	·		
Signature, typed or printed name of registerent agent at title d applicable. NOTE Registerent Agent algebraic required when interbuilting NOTE Register Agent algebraic required and when register Agent algebr	office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board or directors. I never accept the appointment as registered									
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NAME BALES, WILLIAM K 124WAE 124WAE 125USS, THOMAS 125USS, THOMAS 125USS 125USS, THOMAS 125USS		The state of the s	I	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN 12		
STREET ADDRESS 19505 QUESADA AVE #Q1025 CITY-ST-ZIP PORT CHARLOTTE FL D SEDELETE 21 TITLE D ALLSHOUSE, HARRY ALLSHOUSE, HARRY 302 ROCHESTER CITY-ST-ZIP PORT CHARLOTTE FL 22 NAME ALLSHOUSE, HARRY 302 ROCHESTER CITY-ST-ZIP PORT CHARLOTTE FL 303 STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 31 TITLE TR QFER 32 NAME STREET ADDRESS 21264 BIRWOOD TITLE D AME STREET ADDRESS 21264 BIRWOOD TITLE D AME KELLAR, BILL STREET ADDRESS 26054 ANCUDA DR. PORT CHARLOTTE FL 33983 ALCHY-ST-ZIP ALCHY-ST-ZIP ALCHY-ST-ZIP ALCHY-ST-ZIP ALCH	TITLE	P	☐ DELETE	1,1 TITLE		D	Chang	e XX.Addition		
13.5TREET ADDRESS	NAME	BALES, WILLIAM K		1.2 NAME		SLUSS, THOMAS				
City-St-Zip PORT CHARLOTTE FL Change Mark City-St-Zip PORT CHARLOTTE FL City-St-Zip PORT CHA	STREET ADDRESS	#	1	1.3 STREET	ADDRESS					
TITLE D ALLSHOUSE, HARRY ALLSHOUSE, HARRY STREET ADDRESS 302 ROCHESTER PORT CHARLOTTE FL TR GARNEAU, RICHARD 140 KILDARE ST PORT CHARLOTTE FL 31TILE TR CITY-ST-ZIP PORT CHARLOTTE FL 32 MAME STREET ADDRESS CITY-ST-ZIP PT CHARLOTTE FL 33952 TITLE D DELETE 31TILE TR GARNEAU, RICHARD 140 KILDARE ST PORT CHARLOTTE FL 33952 TR Change ACAddition TR GARNEAU, RICHARD 140 KILDARE ST PORT CHARLOTTE FL 33952 TR Change ACAddition TR GARNEAU, RICHARD 140 KILDARE ST PORT CHARLOTTE FL 33952 TR GARNEAU, RICHARD 140 KILDARE ST PORT CHARLOTTE FL 33952 TR Change ACAddition TR GARNEAU, RICHARD 140 KILDARE ST PORT CHARLOTTE FL 33952 TR Change ACAddition ACADAME ALLSHOUSE, HARRY ACADAME ALLSHOUSE, HARRY ALSHOUSE, HARRY ALLSHOUSE, HARRY ALLS				1.4 CITY-S1	-ZIP	PORT CHARLOTTE FL 33952				
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23 STREET ADDRESS 140 KILDARE ST 23 STREET ADDRESS 2.4 CITY-ST-ZIP PORT CHARLOTTE FL 33 952 Change Addition	NAME	ALLSHOUSE, HARRY		2.2 NAME		GARNEAU, RICHARD				
TITLE	STREET ADDRESS	302 ROCHESTER	1	2.3 STREET	ADDRESS			1		
NAME OFFER, R 21264 BIRWOOD STREET ADDRESS CITY-ST-ZIP PT CHARLOTTE FL 33954 TITLE D NAME SIBLEY, KINNEY 1733 LAKE WORTH PORT CHARLOTTE FL 33948 ALCITY-ST-ZIP PORT CHARLOTTE FL 33948 LANAME SIREET ADDRESS CITY-ST-ZIP NAME MILLER, TERRY STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL STREET ADDRESS STREET A	CITY-ST-ZIP	PORT CHARLOTTE FL		2. 4 CITY-S	T-ZIP	PORT CHARLOTTE FL 33952				
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CIT-SI-ZP FORT OFFICE L	STREET ADDRESS	1325 NIMROD ST.		6.3 STREET	ADDRESS			Į		
	CITY-ST-ZIP	PORT CHARLOTTE FL								

Country

81 Name

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indicated on this annual report or supplied with any open not quality on the exemption stated in Section 119.07(3)(i), Florida Statutes. Flurtner certify that the informati 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, with all other like empowered.

CR2E037

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable