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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06883

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 12/31/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2448321 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BALES, WILLIAM K
32176 GLORY AVE.
PORT CHARLOTTE FL 33952

10. Name and Address of New Registered Agent

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	D	☐ Change ☒ Addition
NAME	BALES, WILLIAM K		1.2 NAME	SLUSS, THOMAS	
STREET ADDRESS	19505 QUESADA AVE #Q1025		1.3 STREET ADDRESS	22446 NEW YORK AVE	
CITY-ST-ZIP	PORT CHARLOTTE FL		1.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	☒ DELETE	2.1 TITLE	TR	☐ Change ☒ Addition
NAME	ALLSHOUSE, HARRY		2.2 NAME	GARNEAU, RICHARD	
STREET ADDRESS	302 ROCHESTER		2.3 STREET ADDRESS	140 KILDARE ST	
CITY-ST-ZIP	PORT CHARLOTTE FL		2.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	TR	☐ DELETE	3.1 TITLE	TR	☐ Change ☒ Addition
NAME	OFFER, R		3.2 NAME	SIBLEY, KINNEY	
STREET ADDRESS	21264 BIRWOOD		3.3 STREET ADDRESS	1733 LAKE WORTH	
CITY-ST-ZIP	PT CHARLOTTE FL 33954		3.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE	D	☐ DELETE	4.1 TITLE	T	☒ Change ☐ Addition
NAME	KELLAR, BILL		4.2 NAME	KELLAR, BILL	
STREET ADDRESS	26054 ANCUDA DR.		4.3 STREET ADDRESS	26054 ANCUDA DR	
CITY-ST-ZIP	PORT CHARLOTTE FL 33983		4.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33983	
TITLE	D	☒ DELETE	5.1 TITLE	TR	☐ Change ☒ Addition
NAME	MILLER, TERRY		5.2 NAME	WILLIS, RICHARD	
STREET ADDRESS	381 WYLER ST		5.3 STREET ADDRESS	1391 ABALOM ST	
CITY-ST-ZIP	PORT CHARLOTTE FL		5.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
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		

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, with all other like empowered.

SIGNATURE: WILLIAM BALES TITLE REQUIRED — Apr 28, 99 — 941-625-1273
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)