

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90018 005 ****61.25

DOCUMENT # N06883

1. Entity Name
**SONSHINE BAPTIST CHURCH OF PORT CHARLOTTE,
FLORIDA, INC.**



Principal Place of Business
**23105 VETERAN BLVD.
PORT CHARLOTTE, FL 33954 US**

Mailing Address
**23105 VETERANS BLVD.
PORT CHARLOTTE, FL 33954 US**

50004972



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02232006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-2448321

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BALES, WILLIAM K
2100 KINGS HWY #370
PORT CHARLOTTE, FL 33980**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
NAME **BALES, WILLIAM K**
STREET ADDRESS **2100 KINGS WAY., #370**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33980**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **VIA, JEFF**
STREET ADDRESS **6972 CROCK AVE.**
CITY-ST-ZIP **NORTH PORT, FL 34286**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **THIBODEAU, BRADLEY**
STREET ADDRESS **401 BONITA AVE**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE **D** ☐ Change ☒ Addition
NAME **Michel, Bill**
STREET ADDRESS **1228 Hinton St**
CITY-ST-ZIP **Port Charlotte, FL 33952**

TITLE **D** ☐ Delete
NAME **WARD, PHIL**
STREET ADDRESS **31 TWIG ST**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33954**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TR** ☐ Delete
NAME **SMITH, DEWAYNE**
STREET ADDRESS **23376 KIM AVE**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33954**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TR** ☐ Delete
NAME **HALL, JIM**
STREET ADDRESS **20169 MT. PROSPECT AVE.**
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William K Bales
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William K. Bales

3/20/06
Date

941-625-1273
Daytime Phone #

ATTACHMENT

50004972

2006 Not-For-Profit Corporation Annual Report

Sonshine Baptist Church FEI Number 59-2448321

D = Deacon T = Trustee

Shelenberger, Bob D Addition

~~REX~~ Bolden, Rex T

~~REX~~ Dykeman, Brian T Addition

Lynch, Shawn T Addition

X Kellar, Bill Treasurer

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