2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# N06883

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

Current Principal Place of Business:

23105 VETERAN BLVD.
PORT CHARLOTTE, FL 33954 US

New Principal Place of Business:

23105 VETERANS BLVD.
PORT CHARLOTTE, FL 33954 US

Current Mailing Address:

23105 VETERANS BLVD.
PORT CHARLOTTE, FL 33954 US

New Mailing Address:

FEI Number: 59-2448321 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	BALES, WILLIAM K	
Address:	2100 KIGNS WAY., #370	
City-St-Zip:	PORT CHARLOTTE, FL 33980	
Title:	D	( ) Delete
Name:	VIA, JEFF	
Address:	4997 CROMEY ROAD	
City-St-Zip:	NORTH PORT, FL 34288	
Title:	D	( ) Delete
Name:	PARKER, DONN	
Address:	5601 DUNCAN ROAD #126	
City-St-Zip:	PUNTA GORDA, FL 33982	
Title:	D	( ) Delete
Name:	SHELENBERGER, BOB	
Address:	1478 ST. GEORGE LN	
City-St-Zip:	PUNTA GORDA, FL 33983 US	
Title:	TR	( ) Delete
Name:	COLLETT, BOB	
Address:	323 MARACA STREET	
City-St-Zip:	PUNTA GORDA, FL 33983	
Title:	TR	( ) Delete
Name:	SHARKEY, DAVID	
Address:	6752 DENNISON AVE.	
City-St-Zip:	NORTH PORT, FL 34287	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	DESCHENE, DENNIS	
Address:	2246 SNOVER AVE	
City-St-Zip:	NORTH PORT, FL 34286	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	TR	(X) Change ( ) Addition
Name:	JENKINSON, SEAN	
Address:	456 LONGLEY DR.	
City-St-Zip:	PORT CHARLOTTE, FL 33953 US	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM K BALES P 03/11/2009

Electronic Signature of Signing Officer or Director — Date