2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Jun 25, 2008

DOCUMENT# N20947 Secretary of State

Entity Name: WEST CHARLOTTE BAPTIST CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business:

11050 WILMINGTON BLVD ENGLEWOOD, FL 34224 LIS

Current Mailing Address: New Mailing Address:

11050 WILMINGTON BLVD P O BOX 507

ENGLEWOOD, FL 34295 ENGLEWOOD, FL 34224 US US

FEI Number: 59-2813682 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HILL, JOSEPH S REV PRIEST, SR., MICHAEL DR. 11050 WILLMINGTON BLVD 11050 WILLMINGTON BLVD ENGLEWOOD, FL 34224 ENGLEWOOD, FL 34224

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: DR. MICHAEL PRIEST, SR. 06/25/2008

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete () Change () Addition PLANT, LINDA Name: Name: 12255 VANLOON AVE Address: Address: City-St-Zip: PORT CHARLOTTE, FL 33981 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

LYNCH, PATRICIA Name: SHIFFLETT, DONNA C Name:

Address: 3440 SARTO LANE Address: P O BOX 507 City-St-Zip: ROTONDA, FL 33947 City-St-Zip: ENGLEWOOD, FL 34295

Title: () Delete Title:

() Change () Addition CELANI, DAVID Name: Name: 9422 ACCO AVE #B Address: Address:

City-St-Zip: ENGLEWOOD, FL 34224 City-St-Zip:

Title: () Delete Title: () Change () Addition

LISTA, LOUIS Name: Name: 5432 PHELPS LANE Address: Address: City-St-Zip: PORT CHARLOTTE, FL 33981 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

HILL, JOE HILL, JOSEPH S Name: Name:

11050 PENDLETON AVE 11050 WILLMINGTON BLVD Address: Address: ENGLEWOOD, FL 34224 City-St-Zip: City-St-Zip: ENGLEWOOD, FL 34224

Title: () Delete Title: () Change () Addition

PLANT, DANA Name: Name: Address: 12255 VANLOON AVE Address: PORT CHARLOTTE, FL 33981 City-St-Zip: 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: DONNA C. SHIFFLETT S 06/25/2008