

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20947

FILED
Apr 30, 2009
Secretary of State

Entity Name: WEST CHARLOTTE BAPTIST CHURCH, INC.

Current Principal Place of Business:

11050 WILMINGTON BLVD
ENGLEWOOD, FL 34224 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 507
ENGLEWOOD, FL 34295 US

New Mailing Address:

FEI Number: 59-2813682

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRIEST, SR., MICHAEL DR.
11050 WILLMINGTON BLVD
ENGLEWOOD, FL 34224 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: AC () Delete
Name: PLANT, LINDA
Address: 12255 VANLOON AVE
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: TC () Delete
Name: SHIFFLETT, DONNA C
Address: P O BOX 507
City-St-Zip: ENGLEWOOD, FL 34295

Title: T (X) Delete
Name: CELANI, DAVID
Address: 9422 ACCO AVE #B
City-St-Zip: ENGLEWOOD, FL 34224

Title: T () Delete
Name: LISTA, LOUIS
Address: 5432 PHELPS LANE
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: S () Delete
Name: HILL, JOSEPH S
Address: 11050 WILLMINGTON BLVD
City-St-Zip: ENGLEWOOD, FL 34224

Title: T () Delete
Name: PLANT, DANA
Address: 12255 VANLOON AVE
City-St-Zip: PORT CHARLOTTE, FL 33981

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DONNA SHIFFLETT

TC

04/30/2009

Electronic Signature of Signing Officer or Director

Date