

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # N99000006900**

1. Entity Name

**WEST SHORE COMMUNITY CHURCH, INC.**

Principal Place of Business

**310 N.W. ORANGE DR.  
PORT CHARLOTTE FL 33952**

Mailing Address

**310 N.W. ORANGE DR.  
PORT CHARLOTTE FL 33952**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0967318**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**ALLEN, GUY  
310 N.W. ORANGE DR.  
PORT CHARLOTTE FL 33952**

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ALLEN, GUY</b>	
STREET ADDRESS	<b>310 N.W. ORANGE DR.</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33952</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ALLEN, DARCIE</b>	
STREET ADDRESS	<b>310 N.W. ORANGE DR.</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33952</b>	

TITLE	<b>D PRESIDENT</b>	<input type="checkbox"/> Delete
NAME	<b>BELVITCH, PAUL</b>	
STREET ADDRESS	<b>5010 ADMINISTRATION ST.</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33948</b>	

TITLE	<b>D TREASURER</b>	<input type="checkbox"/> Delete
NAME	<b>BELVITCH, DEBRA L</b>	
STREET ADDRESS	<b>5010 ADMINISTRATION ST.</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33948</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BELVITCH, ALYSSA L</b>	
STREET ADDRESS	<b>5010 ADMINISTRATION ST.</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33948</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>BELVITCH, JESSICA A</b>	
STREET ADDRESS	<b>5010 ADMINISTRATION ST.</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33948</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>SECRETARY</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BELINDA MARTIN</b>	
STREET ADDRESS	<b>26054 Shore Drive</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL 33950</b>	

TITLE	<b>VICE-PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROY BORRERO</b>	
STREET ADDRESS	<b>5991 CYPRESS GROVE CIRCLE</b>	
CITY-ST-ZIP	<b>PUNTA GORDA FL 33982</b>	

12. 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 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:

**DEBRA L BELVITCH, TREASURER 1-30-01 941-766-9196**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Feb 05, 2001 8:00 am**  
**Secretary of State**

02-05-2001 90025 025 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)