

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90025 001 ****61.25

DOCUMENT # N99000006900

1. Entity Name

WEST SHORE COMMUNITY CHURCH, INC.

Principal Place of Business

**22 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

P.O. Box 512823

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Punta Gorda, FL

Zip

Country

33951-2823

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	D	<input type="checkbox"/> Delete
NAME	ALLEN, GUY	
STREET ADDRESS	310 N.W. ORANGE DR.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEN, DARCIE	
STREET ADDRESS	310 N.W. ORANGE DR.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELVITCH, PAUL	
STREET ADDRESS	5010 ADMINISTRATION ST.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE	D	<input type="checkbox"/> Delete
NAME	BELVITCH, DEBRA L	
STREET ADDRESS	5010 ADMINISTRATION ST.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33948	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARTIN, BELINDA	
STREET ADDRESS	26054 SHARE DRIVE	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	BORREGO, ROY	
STREET ADDRESS	5991 CYPRESS GROVE CIRCLE	
CITY-ST-ZIP	PUNTA GORDA FL 33982	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President / Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Martin, William	
STREET ADDRESS	26054 Share Drive	
CITY-ST-ZIP	Punta Gorda, FL 33950	
TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mizell, Marilyn R.	
STREET ADDRESS	604 West Marion Ave.	
CITY-ST-ZIP	Punta Gorda, FL 33950	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mizell, John B.	
STREET ADDRESS	604 West Marion Ave.	
CITY-ST-ZIP	Punta Gorda, FL 33950	
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		

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:

JOHN B. MIZELL
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2002

941 625-0700

Date

Daytime Phone #

CR2E037 (9/01)