2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000006900

FILED Mar 06, 2004 Secretary of State

Entity Name: WEST SHORE COMMUNITY CHURCH, INC.

Current P	rincipal Plac	e of Busin	iess:	New Principal	Place of Business:
	ORANGE DR ARLOTTE, FL			12408 SW SHE LAKE SUZY, FI	
Current M	ailing Addre	ess:		New Mailing A	Address:
P.O. BOX : PUNTA GO	512823 ORDA, FL 33	3951		P.O. BOX 5128 PUNTA GORD,	23 A, FL 339512823
FEI Number:	65-0967318	FEI Num	ber Applied For()	FEI Number Not Applicable	e () Certificate of Status Desired ()
Name and	Address of	Current R	egistered Agent:	Name and Add	lress of New Registered Agent:
	JY ORANGE DR ARLOTTE, FI		US		
	named entity e of Florida.	/ submits th	nis statement for the p	urpose of changing its re	gistered office or registered agent, or both,
SIGNATUF	RE:				
	Electro	onic Signatı	ure of Registered Age	ent	Date
OFFICERS	S AND DIRE	CTORS:		ADDITIONS/CI	HANGES TO OFFICERS AND DIRECTORS
Title: Name: Address: City-St-Zip:	D (ALLEN, GUY 310 N.W. ORA PORT CHARL		3952	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D (ALLEN, DARC 310 N.W. OR/ PORT CHARL	ANGE DR.	3952	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D (BELVITCH, PA 5010 ADMINIS PORT CHARL	STRATION ST		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D (BELVITCH, DI 5010 ADMINIS PORT CHARL	STRATION ST		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	S (X MARTIN, BEL 26054 SHARE PUNTA GORD	E DRIVE)	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	PD (2 WILLIAM, MA 26054 SHARE	X) Delete .RTIN		Title: Name:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DEBRA BELVITCH D 03/06/2004
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