FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 JUN 20 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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DOCUMENT # 700551

1. Corporation Name
The First Christian Church at Port Charlotte, Florida Inc.

Principal Place of Business	Mailing Address
21450 Gibralter Dr. Port Charlotte, FL 33952	P.O. Box 2819 Port Charlotte, FL 33949

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/01/1960
3a. Date of Last Report: 3/18/94

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc (22):
Suite, Apt. #, etc (27):

City & State (23):
City & State (28):

Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: 23-7074785 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Weed, John N.
524 Lakemont Avenue
Port Charlotte, FL 33952

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D NAME Standafer, Conley STREET ADDRESS 257 Bangsberg Road CITY ST ZIP Port Charlotte, FL 33952	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP ☐ Change ☐ Addition
TITLE V NAME Willis, Rick STREET ADDRESS 438 Oneida CITY ST ZIP Port Charlotte, FL 33952	21 TITLE V 22 NAME Paul Baker 23 STREET ADDRESS 352 Fetcher Street 24 CITY ST ZIP Port Charlotte, FL 33952 ☒ Change ☐ Addition
TITLE D/S NAME Paul Baker STREET ADDRESS 352 Fletcher Street CITY ST ZIP Port Charlotte, FL 33952	31 TITLE D/S 32 NAME Allen Zeck 33 STREET ADDRESS 25500 Aysen 34 CITY ST ZIP Punta Gorda, FL 33983 ☒ Change ☐ Addition
TITLE P NAME John Weed STREET ADDRESS 524 Lakemont Avenue CITY ST ZIP Port Charlotte, FL 33952	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP NON PROFIT W/ 501 (c)(3) 6/20 ☐ Change ☒ Addition
TITLE D NAME Larry Lawson STREET ADDRESS 6455 Coniston CITY ST ZIP Port Charlotte, FL	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP ☐ Change ☐ Addition
TITLE T NAME Jeff Shock STREET ADDRESS 21078 Tucker Avenue CITY ST ZIP Port Charlotte, FL	61 TITLE T 62 NAME Anthony Borden 63 STREET ADDRESS 27060 Curitiba Drive 64 CITY ST ZIP Punta Gorda, FL 33983 ☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John N. Weed John N. Weed 4/28/95 813-625-4947
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #