NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State . _____
DIVISION OF CORPORATIONS

1998
DOCUMENT #

700551

(5)

THE FIRST CHRISTIAN CHURCH AT PORT CHARLOTTE, FL ORIDA, INC.

Principal Place of Business Mailing Address 21450 GIBRALTER DR P.O. BOX 2619 3. Date Incorporated or Qualified PORT CHARLOTTE FL 33952 PORT CHARLOTTE FL 33949 03/01/1960 4. FEI Number Applied For 23-7074785 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 Fee Required Suite, Apt. #, etc Suite, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? ☐ No Yes Yes 23 28 Country Country Zip Zip 8. This corporation owes or has paid the current year Intangible Yes 24 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ZECK, ALLEN 82 Street Address (P.O. Box Number is Not Acceptable) 25500 AYSEN DRIVE 83 **PUNTA GORDA FL 33983** City Zip Code 85 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agont and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE 1.1 TITLE Change Addition TITLE ZECK, ALLEN 1.2 NAME CR2E037 NAME 25500 AYSEN DRIVE 1.3 STREET ADDRESS STREET ADDRESS **PUNTA GORDA FL 33983** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE WEED, JOHN 2.2 NAME STREET ADDRESS **\$24 LAKEMONT AVENUE** 2.3 STREET ADDRESS **PORT CHARLOTTE FL 33954** CITY-ST-ZIP 2. 4 CITY-ST-ZIP XXDELETE ☐ Change Addition TITLE 3.1 TITLE **Dennis Oertel** LAWSON, LARRY NAME 3.2 NAME 17525 Waco Ave. **6455 CONISTON STREET** STREET ADDRESS 3.3 STREET ADDRESS Pt. Charlotte, FL. 33948-1606 PORT CHARLOTTE FL 33961 CITY-ST-ZIP 3.4. CITY-ST-ZIP TXL DELETE Change Addition TITLE 4.1 TITLE **GUSTIN, PHILIP** 4. 2 NAME **Dick Adomatis 185 ROBINA STREET** STREET ADDRESS 4.3 STREET ADDRESS 125 Roselle Ct Port Charlotte, FL 33952 **PORT CHARLOTTE FL** 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE **BORDEN, ANTHONY** 5.2 NAME NAME 27060 CURITIBA DRIVE 5.3 STREET ADDRESS STREET ADDRESS **PUNTA GORDA FL** CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE 61 TITLE Change Addition TITLE NAME 6.2 NAME

14. 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP

A QUINCO

R/B0198

FILED

Mar 09 1998 8:00am

Secretary of State