

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 700551

1. Entity Name

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

Principal Place of Business

21450 GIBRALTER DR  
PORT CHARLOTTE FL 33952

Mailing Address

P.O. BOX 2819  
PORT CHARLOTTE FL 33949

2. Principal Place of Business

3. Mailing Address

P.O. Box 494830

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Port Charlotte, FL

Zip

Country

Zip  
33949-4830

Country  
USA

4. FEI Number

23-7074785

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ZECK, ALLEN  
25500 AYSEN DRIVE  
PUNTA GORDA FL 33983

7. Name and Address of New Registered Agent

Name George Louis Manning, III  
Street Address (P.O. Box Number is Not Acceptable) 20246 Andover Avenue  
City Port Charlotte FL Zip Code 33954

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 George Louis Manning, III George Louis Manning III Apr. 25, 2002  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZECK, ALLEN 25500 AYSEN DRIVE PUNTA GORDA FL 33983 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MANNING, GEORGE LOUIS, III 20246 ANDOVER AVENUE PORT CHARLOTTE, FL 33954 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEED, JOHN 524 LAKEMONT AVENUE PORT CHARLOTTE FL 33954 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OERTEL, DENNIS 17525 WACO AVE PORT CHARLOTTE FL 33948-1606 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ADOMATIS, DICK 125 ROSELLE CT PT CHARLOTTE FL 33952 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD HOTCHKISS, GEORGE 2161 HAYWORTH ROAD PORT CHARLOTTE, FL 33952 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BORDEN, ANTHONY 27060 CURITIBA DRIVE PUNTA GORDA FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HASSELL, BRIAN 1329 AEGEAN COURT PUNTA GORDA, FL 33983 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: George Louis Manning, III  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 25, 2002

(941) 625-4947

Date

Daytime Phone #

FILED  
May 13, 2002 8:00 am  
Secretary of State

05-13-2002 90242 034 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)