

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 22 AM 11:19

DOCUMENT # 706094 (0)

1. Corporation Name

PORT CHARLOTTE UNITED METHODIST CHURCH, INC.

Principal Place of Business

Mailing Address

21075 QUESADA
PORT CHARLOTTE FL 33952-9541

21075 QUESADA
PORT CHARLOTTE FL 33952-9541

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/28/1963

3a. Date of Last Report

03/08/1994

4. FEI Number

59-1022083

Applied For

Not Applicable

2. Principal Place of Business

21 21075 Quesada Avenue

2a. Mailing Address

26 21075 Quesada Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Port Charlotte, Fl.

28 Port Charlotte, Fl.

Zip

Country

Zip

Country

24 33952

25 USA

29 33952

30 USA

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒ \$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DE JAGER, HAROLD R
2101 BAYOU RD
PUNTA GORDA FL 33950

81 Name
Charlotte More

82 Street Address (P.O. Box Number is Not Acceptable)
2100 Kings Highway, Unit 739

83

84 City

Port Charlotte, Fl.

FL

85 Zip Code
33980

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 Charlotte More, President

Signature, typed or printed name of registered agent and title if applicable.
(NOTE: Registered Agent signature required when resigning)

1/31/95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	DEJAGER, HAROLD
STREET ADDRESS	2101 BAYOU RD
CITY - ST - ZIP	PUNTA GORDA FL
TITLE	VD
NAME	BUNGER, DON
STREET ADDRESS	1522 KENMORE ST
CITY - ST - ZIP	PORT CHARLOTTE FL
TITLE	SD
NAME	GOMEZ, BEVERLY
STREET ADDRESS	546 JASMINE AVE
CITY - ST - ZIP	PT CHARLOTTE FL
TITLE	D
NAME	SELLEY, CLAY
STREET ADDRESS	17056 KELLOG AVE
CITY - ST - ZIP	PT CHARLOTTE FL
TITLE	D
NAME	ALIBERTI, MARJORIE
STREET ADDRESS	19293 ABHENRY CIR
CITY - ST - ZIP	PT CHARLOTTE FL
TITLE	D
NAME	EMERICH, GUY
STREET ADDRESS	21325 COACHMAN AVE.
CITY - ST - ZIP	PORT CHARLOTTE FL

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	Charlotte More	
1.3 STREET ADDRESS	2100 Kings Highway, Unit 739	
1.4 CITY - ST - ZIP	Port Charlotte, Fl. 33980	
2.1 TITLE	VD	☒ Change ☐ Addition
2.2 NAME	Marge Aliberti	
2.3 STREET ADDRESS	19293 Abhenry Circle	
2.4 CITY - ST - ZIP	Port Charlotte, Fl. 33948	
3.1 TITLE	VD	☒ Change ☐ Addition
3.2 NAME	James Ringham	
3.3 STREET ADDRESS	23173 Fitzpatrick Avenue	
3.4 CITY - ST - ZIP	Port Charlotte, Fl. 33980	
4.1 TITLE	SD	☒ Change ☐ Addition
4.2 NAME	Norma Thomas	
4.3 STREET ADDRESS	331 DePew Avenue	
4.4 CITY - ST - ZIP	Port Charlotte, Fl. 33952	
5.1 TITLE	D	☒ Change ☐ Addition
5.2 NAME	Kenneth Roberson	
5.3 STREET ADDRESS	2151 Tamiami Trail	
5.4 CITY - ST - ZIP	Port Charlotte, Fl. 33948	
6.1 TITLE	D	☒ Change ☐ Addition
6.2 NAME	Guy Emerich	
6.3 STREET ADDRESS	21325 Coachman Ave.	
6.4 CITY - ST - ZIP	Port Charlotte, Fl. 33952	

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 110.07(3)(k), 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 changed, or on an attachment with an address.

SIGNATURE: Charlotte More

1/31/95

(813) 625-3273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Number