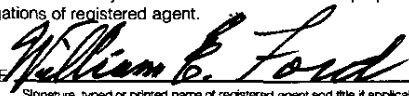
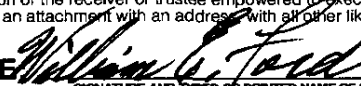


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90060 012 ****70.00

DOCUMENT # 706094 1. Entity Name PORT CHARLOTTE UNITED METHODIST CHURCH, INC.					
Principal Place of Business 21075 QUESADA AVE PORT CHARLOTTE, FL 33952 US				Mailing Address 21075 QUESADA AVE PORT CHARLOTTE, FL 33952 US	
2. Principal Place of Business 21075 Quesada Avenue Suite, Apt. #, etc.		3. Mailing Address 21075 Quesada Avenue Suite, Apt. #, etc.			
City & State Port Charlotte, Fl. 33952		City & State Port Charlotte, Fl. 33952		4. FEI Number 59-1022083	
Zip 33952		Country USA		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HURT, LAWRENCE S 1217 GORDA CAY LN PUNTA GORDA, FL 33950				7. Name and Address of New Registered Agent Name William E Ford Street Address (P.O. Box Number is Not Acceptable) 62 Sao Paulo Dr. City Port Charlotte FL Zip Code 33983	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  Signature, typed or printed name of registered agent and title if applicable William E. Ford, President, Bd of Trustees March 17, 2004 (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE VP NAME FORD, WILLIAM E STREET ADDRESS 62 SAO PAULO DR CITY-ST-ZIP PUNTA GORDA, FL 33983	☐ Delete		TITLE President NAME William E Ford STREET ADDRESS 62 Sao Paulo Dr., Port Charlotte, Fl. 33983 CITY-ST-ZIP	☒ Change ☐ Addition	
TITLE S NAME DEATON, BILLIE STREET ADDRESS 117 SE BANGSBERG RD CITY-ST-ZIP PORT CHARLOTTE, FL 33952	☒ Delete		TITLE Director NAME Leonard Alsene STREET ADDRESS 26014 Ocelot Lane, Port Charlotte, Fl. 33983 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE D NAME WILLIAMS, ALVIN STREET ADDRESS 1454 ST GEORGE LN CITY-ST-ZIP PUNTA GORDA, FL 33983	☐ Delete		TITLE Secretary NAME Michael Raby STREET ADDRESS 453 Delaney St. Port Charlotte, Fl. 33954 CITY-ST-ZIP	☐ Change ☒ Addition	
TITLE D NAME ALSENE, LEONARD STREET ADDRESS 26014 OCELOT LANE CITY-ST-ZIP PORT CHARLOTTE, FL 33983	☐ Delete		TITLE Director NAME Guy Emerich STREET ADDRESS 21325 Coachman Drive, Port Charlotte, Fl. 33952 CITY-ST-ZIP	☒ Change ☐ Addition	
TITLE P NAME HURT, LAWRENCE S STREET ADDRESS 1217 GORDA CAY LA CITY-ST-ZIP PUNTA GORDA, FL 33950	☒ Delete		TITLE Director NAME Alvin Williams STREET ADDRESS 1454 St. George Lane, Port Charlotte, Fl. 33983 CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE D NAME EMERICH, GUY STREET ADDRESS 21325 COACHMAN AVE CITY-ST-ZIP PORT CHARLOTTE, FL 33952	☐ Delete		TITLE Director NAME Mary Moulin STREET ADDRESS 104 Peckham St, Port Charlotte, Fl. 33952 CITY-ST-ZIP	☒ Change ☒ 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  William E. Ford, President, Board of Trustees 03/17/2004 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

941-6-25-4356