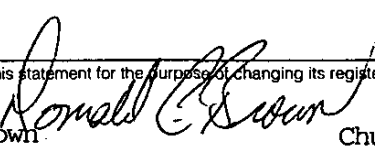
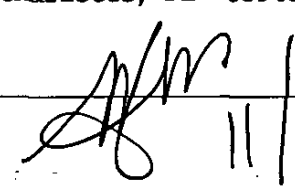
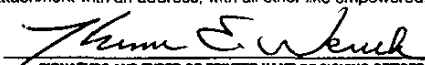


2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 706094 1. Entity Name PORT CHARLOTTE UNITED METHODIST CHURCH, INC.						FILED 05 NOV -4 AM 10:46 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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 Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent ASHLINE, JO 2843 RIDLEY LANE NORTH PORT, FL 34286				7. Name and Address of New Registered Agent Name BROWN, Donald C. Street Address (P.O. Box Number is Not Acceptable) 315 Tipton St. 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. I am familiar with, and accept the obligations of registered agent.  Donald C. Brown SIGNATURE Church Administrator DATE 10/28/2005							
Amended AR is \$61.25				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 NAME STREET ADDRESS CITY-ST-ZIP	P ASHLINE, JO 2843 RIDLEY LANE NORTH PORT, FL 34286			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALSENE, Leonard 26014 Ocelot Lane Port Charlotte, FL 33983		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOULIN, MARY 104 PECKHAM ST. PORT CHARLOTTE, FL 33952			TITLE NAME STREET ADDRESS CITY-ST-ZIP	600061177866 11/07/05--01003--005 **\$1.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, ALVIN 1454 ST GEORGE LN PUNTA GORDA, FL 33983			TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WENCK, Thomas 2359 Fintonrod Street Port Charlotte, FL 33948		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RABY, MICHAEL 453 DELANEY ST PORT CHARLOTTE, FL 33954			TITLE NAME STREET ADDRESS CITY-ST-ZIP	11/7		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, LEO 22093 SEATON AVE. PORT CHARLOTTE, FL 33954						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROCHESTER, ARTHUR 22000 BEVERLY AVE. PORT CHARLOTTE, FL 33952						
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:  THOMAS E. WENCK, SECR 10-28-05 (941) 625-2753 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							