

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N07997** (2)

1. Corporation Name  
**PUNTA GORDA ALLIANCE CHURCH OF THE CHRISTIAN AND MISSIONARY ALLIANCE, INC.**



Principal Place of Business: 7500 FLORIDA STREET, PUNTA GORDA FL 33950  
Mailing Address: 7500 FLORIDA STREET, PUNTA GORDA FL 33950

3. Date Incorporated or Qualified: 03/06/1985  
3a. Date of Last Report: 04/19/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 59-2699446	Applied For	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	25	Country	29	Zip	30	Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**CROUSE, DOUGLAS**  
18257 EDGEWATER DR  
PORT CHARLOTTE FL 33948

81	Name	85	Zip Code
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	FL	

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D SMITH, RICHARD 7330 OGDEN ACRES RD ARCADIA FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	DS EDWARD EASTMAN 23420 WESTMASTER BLVD. PORT CHARLOTTE, FL 33980	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	DT CROUSE, DOUGLAS 18257 EDGEWATER DR. PORT CHARLOTTE FL	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D CHRISTENSEN, CHARLES 30040 OAK RD. PUNTA GORDA FL	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D MCLAUGHLIN, LEON 3430 GULF BREEZE LANE PUNTA GORDA FL	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DS CUMMINGS, STEVE 23309 HARTLEY AVE PORT CHARLOTTE FL	<input type="checkbox"/> DELETE	5.1 TITLE	D CUMMINGS, STEVE 23309 HARTLEY AVE. PORT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	C MCLAUGHLIN, JOHN 134 PEACE ISLAND DR PUNTA GORDA FL	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.07(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: Douglas E. Crouse DOUGLAS E. CROUSE 1-30-96 (941) 629-2587  
Date Daytime Phone #

CR2E037 (12/95)