


FILE NOW: FILING FEE IS \$61.25

FILED
May 16 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | 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.



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|--|---|
| Principal Place of Business 7500 FLORIDA STREET PUNTA GORDA FL 33950 | Mailing Address 7500 FLORIDA STREET PUNTA GORDA FL 33950-5725 |
|--|---|

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|---|--|
| 3. Date Incorporated or Qualified 03/06/1985 | 3a. Date of Last Report 02/07/1996 |
| 4. FEI Number 59-2699446 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 | 26 |
| Suite, Apt #, etc. | Suite, Apt #, etc. |
| 22 | 27 |
| City & State | City & State |
| 23 | 28 |
| Zip | Zip |
| Country | Country |
| 24 | 29 |
| 25 | 30 |

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

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | DS <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | EASTMAN, EDWARD | 1.2 NAME | |
| STREET ADDRESS | 23420 WESTLHESTER BLVD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PORT CHARLOTTE FL | 1.4 CITY-ST-ZIP | |
| TITLE | DT <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CROUSE, DOUGLAS | 2.2 NAME | |
| STREET ADDRESS | 18257 EDGEWATER DR. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | PORT CHARLOTTE FL | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHRISTENSEN, CHARLES | 3.2 NAME | |
| STREET ADDRESS | 30040 OAK RD. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PUNTA GORDA FL | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCLAUGHLIN, LEON | 4.2 NAME | |
| STREET ADDRESS | 3430 GULF BREEZE LANE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | PUNTA GORDA FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CUMMINS, STEVE | 5.2 NAME | |
| STREET ADDRESS | 23309 HARTLEY AVE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | PORT CHARLOTTE FL | 5.4 CITY-ST-ZIP | |
| TITLE | C <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCLAUGHLIN, JOHN | 6.2 NAME | |
| STREET ADDRESS | 134 PEACE ISLAND DR | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | PUNTA GORDA FL | 6.4 CITY-ST-ZIP | |

14. I do 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 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** 4.29.97 (941) 629-2587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0057606

CFR2037 (9/96)