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Apr 03 1998 8:00am
Secretary of State

NON-PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morhart Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N07997 (2)
 1. Corporation Name

PUNTA GORDA ALLIANCE CHURCH OF THE CHRISTIAN AND MISSIONARY ALLIANCE, INC.



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

3. Date Incorporated or Qualified	03/06/1985
4. FEI Number	59-2699446
Applied For	<input type="checkbox"/> Not Applicable

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

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
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
CROUSE, DOUGLAS 18257 EDGEWATER DR PORT CHARLOTTE FL 33948	

10. Name and Address of New Registered Agent	
81 Name	Rev. John McLaughlin
82 Street Address (P.O. Box Number is Not Acceptable)	134 Peace Island Dr.
83	
84 City	Punta Gorda
85 Zip Code	FL 33982

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: John McLaughlin **John McLaughlin** 3/31/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	DS <input type="checkbox"/> DELETE
NAME	EASTMAN, EDWARD
STREET ADDRESS	23420 WESTLHESTER BLVD
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE	DT <input checked="" type="checkbox"/> DELETE
NAME	CROUSE, DOUGLAS
STREET ADDRESS	18257 EDGEWATER DR.
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CHRISTENSEN, CHARLES
STREET ADDRESS	30040 OAK RD.
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MCLAUGHLIN, LEON
STREET ADDRESS	3430 GULF BREEZE LANE
CITY-ST-ZIP	PUNTA GORDA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CUMMINS, STEVE
STREET ADDRESS	23309 HARTLEY AVE
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE	C <input type="checkbox"/> DELETE
NAME	MCLAUGHLIN, JOHN
STREET ADDRESS	134 PEACE ISLAND DR
CITY-ST-ZIP	PUNTA GORDA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DT Eggers, Al
2.3 STREET ADDRESS	1425 Via Milanese
2.4 CITY-ST-ZIP	Punta Gorda, FL. 33950
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D Cummings, Steve
5.3 STREET ADDRESS	2300 Boxwood St.
5.4 CITY-ST-ZIP	Punta Gorda FL. 33982
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: John McLaughlin **John McLaughlin** 3/16/98 (941)637-6444

CR2E037 (10/97)