

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07997

1. Entity Name

PUNTA GORDA ALLIANCE CHURCH OF THE CHRISTIAN AND

**FILED**  
**Feb 26, 2000 8:00 am**  
**Secretary of State**

02-26-2000 90029 031 \*\*\*\*61.25

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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2699446

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~MCLAUGHLIN, JOHN REV~~  
~~134 PEACE ISLAND DR~~  
~~PUNTA GORDA FL 33992~~

Name

Street Address (P.O. Box Number is Not Acceptable)

15105 Chamberlain Blvd.

City

Port Charlotte

FL

Zip Code

33953

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WOLK, ED 1001 VIA FORMIA PUNTA GORDA FL 33950	<input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Gerry Snyder Jr. 1174 Victoria Ave. Port Charlotte, Fl. 33948	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT EGGERS, AL 1425 VIA MILANESE PUNTA GORDA FL 33950	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTENSEN, CHARLES 30040 OAK RD. PUNTA GORDA FL	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCLAUGHLIN, LEON 3430 GULF BREEZE LANE PUNTA GORDA FL	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WRIGHT, PHILIP 30320 CEDAR ROAD PUNTA GORDA FL 33982	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MCLAUGHLIN, JOHN 134 PEACE ISLAND DR PUNTA GORDA FL	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *John McLaughlin*

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John McLaughlin

2/17/00

(941)637-6444

Date

Daytime Phone #

CR2E037 (9/99)