

FILE NOW: FILING FEE IS \$61.25

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Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **734723** (0)
1. Corporation Name
FIRST CHRISTIAN CHURCH OF PUNTA GORDA, INC.

Principal Place of Business 4124 TAYLOR RD PUNTA GORDA FL 33950	Mailing Address 4124 TAYLOR RD PUNTA GORDA FL 33950
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3. Date Incorporated or Qualified
12/30/1975

4. FEI Number 59-1648291	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRIFFLE, STEVEN J., ESQ.
159 SOUTH TAMAMI DR., N.W.
PORT CHARLOTTE FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	TD	<input type="checkbox"/> DELETE
NAME	SOURS, SHIRLEY C	
STREET ADDRESS	13488 MICHLIN BLVD	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	VO	<input type="checkbox"/> DELETE
NAME	DOUTHETT, JOSEPH H	
STREET ADDRESS	921 CORAL RIDGE DR	
CITY-ST-ZIP	PUNTA GORDA, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ROSENIK, SAM	
STREET ADDRESS	3053 WINDMILL VILL 131-0	
CITY-ST-ZIP	PUNTA GORDA, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLE, DON	
STREET ADDRESS	27861 POANOKE CIR	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BARNARD, KENNETH	
STREET ADDRESS	572 BUFFALO AVE NE	
CITY-ST-ZIP	PT CHARLOTTE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	
5.3 STREET ADDRESS	22392 BUFFALO AVE.
5.4 CITY-ST-ZIP	PORT CHARLOTTE FL 33952
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: *Shirley C. Sours* **SHIRLEY C. SOURS**
TREASURER 3/30/98 741/575-1822

CR2E037 (10/97)