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Apr 03 1998 8:00am
Secretary of State

NON-PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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

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

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

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

81 Name **Rev. John McLaughlin**
82 Street Address (P.O. Box Number is Not Acceptable) **134 Peace Island Dr.**
83
84 City **Punta Gorda** **FL** 85 Zip Code **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 ☐ DELETE
NAME **DS EASTMAN, EDWARD**
STREET ADDRESS **23420 WESTLHESTER BLVD**
CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE ☒ DELETE
NAME **DT CROUSE, DOUGLAS**
STREET ADDRESS **18257 EDGEWATER DR.**
CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE ☐ DELETE
NAME **D CHRISTENSEN, CHARLES**
STREET ADDRESS **30040 OAK RD.**
CITY-ST-ZIP **PUNTA GORDA FL**

TITLE ☐ DELETE
NAME **D MCLAUGHLIN, LEON**
STREET ADDRESS **3430 GULF BREEZE LANE**
CITY-ST-ZIP **PUNTA GORDA FL**

TITLE ☐ DELETE
NAME **D CUMMINS, STEVE**
STREET ADDRESS **23309 HARTLEY AVE**
CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE ☐ DELETE
NAME **C 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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ 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 ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ 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 ☐ Change ☐ 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

THE REQUIRED

John McLaughlin

4/16/98

(941)637-6444

CR2E037 (1097)