

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90030 048 ****61.25

0047243

DOCUMENT # 734723

1. Entity Name

FIRST CHRISTIAN CHURCH OF PUNTA GORDA, INC.

Principal Place of Business

Mailing Address

4124 TAYLOR RD
PUNTA GORDA FL 339504124 TAYLOR RD
PUNTA GORDA FL 33950

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1648291

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

CRIBBLE, STEVEN J., ESQ.
159 SOUTH TAMiami DR., N.W.
PORT CHARLOTTE FL

Name

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

City

FL

Zip Code

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 \$61.259. 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 **TD** ☒ Delete
NAME **SOURS, SHIRLEY C**
STREET ADDRESS **13468 MICHILIN BLVD**
CITY-ST-ZIP **PUNTA GORDA FL**TITLE **T/D** ☐ Change ☒ Addition
NAME **DONNA SEITHER**
STREET ADDRESS **27205 Jones Loop #82**
CITY-ST-ZIP **PUNTA GORDA FLORIDA 33982** ☐ Change ☐ AdditionTITLE **VD** ☐ Delete
NAME **DOUTHETT, JOSEPH H**
STREET ADDRESS **921 CORAL RIDGE DR**
CITY-ST-ZIP **PUNTA GORDA, FL 00000**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SD** ☐ Delete
NAME **ROSENIK, SAM**
STREET ADDRESS **3053 WINDMILL VILL 131-0**
CITY-ST-ZIP **PUNTA GORDA, FL 00000**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **PD** ☐ Delete
NAME **BARNARD, KENNETH**
STREET ADDRESS **22392 BUFFALO AVE**
CITY-ST-ZIP **PT CHARLOTTE FL 33952**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: JOSEPH H DOUTHETT V/D 02-13-02 (941) 639-3392

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)