

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90135 001 \*\*\*\*61.25  
03-26-2004 90135 002 \*\*\*\*\*8.75

**DOCUMENT # 734723**

1. Entity Name

FIRST CHRISTIAN CHURCH OF PUNTA GORDA, INC.



Principal Place of Business

CHURCH  
PUNTA GORDA FL 33982

Mailing Address

4124 TAYLOR RD  
PUNTA GORDA FL 33950

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1648291

Applied For

Not Applicable

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

GRIBBLE, 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. I am familiar with, and accept the obligations of registered agent.

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**  
**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VD  
NAME LUNDY, JAMES W SR  
STREET ADDRESS 22430 NY AVE  
CITY-ST-ZIP PORT CHARLOTTE FL 33952 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD  
NAME ROSENIK, SAM  
STREET ADDRESS 3053 WINDMILL VILL 131-0  
CITY-ST-ZIP PUNTA GORDA, FL 00000 ☒ Delete

TITLE SD  
NAME Dorman Winger  
STREET ADDRESS 15105 Chamberlain Rd  
CITY-ST-ZIP Port Charlotte FL 33953 ☐ Change ☒ Addition

TITLE PD  
NAME BARNARD, KENNETH  
STREET ADDRESS 22392 BUFFALO AVE  
CITY-ST-ZIP PT CHARLOTTE FL 33952 ☒ Delete

TITLE PD  
NAME Richard Hershberger  
STREET ADDRESS 15322 Lime Dr  
CITY-ST-ZIP Port Charlotte FL 33955 ☐ Change ☐ Addition

TITLE TD  
NAME SEITHER, DONNA  
STREET ADDRESS 27205 JONES LOOP 82  
CITY-ST-ZIP PUNTA GORDA FL 33982 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

*Donald Seither Trustee*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: March 22 2004  
DAYTIME PHONE: 941-805 1385