


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90087 011 ****70.00

DOCUMENT # 734723 1. Entity Name FIRST CHRISTIAN CHURCH OF PUNTA GORDA, INC.	
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Principal Place of Business CHURCH PUNTA GORDA, FL 33982	Mailing Address 4124 TAYLOR RD PUNTA GORDA, FL 33950
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2. Principal Place of Business	3. Mailing Address P.O. B. 511897
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State PUNTA GORDA
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Zip	Country	Zip	Country
33951-1897	US	33951-1897	US

6. Name and Address of Current Registered Agent

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

20014540



02122005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1648291	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent

Name DIANA HARRIS-SMIDDY
Street Address (P.O. Box Number is Not Acceptable) 4124 TAYLOR ROAD
City PUNTA GORDA
FL
Zip Code 33950

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 <u>DIANA HARRIS-Smiddy</u> <u>Sec/Treasurer</u>	DATE <u>2/15/05</u>
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Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LUNDY, JAMES W SR 22430 NY AVE PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WINGER, DORMAN 15105 CHAMERLAIN RD PORT CHARLOTTE, FL 33953 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERSHBERGER, RICHARD 15322 LIME DR PUNTA GORDA, FL 33955 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SEITHER, DONNA 27205 JONES LOOP 82 PUNTA GORDA, FL 33982 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5 T DIANA HARRIS-SMIDDY 306 LASALETTE DR NE PORT CHARLOTTE FL 33952-8822	

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: <u>Diana Harris-Smiddy</u>	DATE: <u>2/15/05</u>	DAYTIME PHONE #: <u>941-639-3392</u>
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