

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706094

Entity Name: PORT CHARLOTTE UNITED METHODIST CHURCH, INC.**Current Principal Place of Business:**21075 QUESADA AVE
PORT CHARLOTTE, FL 33952**Current Mailing Address:**21075 QUESADA AVE
PORT CHARLOTTE, FL 33952 US**FEI Number: 59-1022083****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BURR, ROBERT O JR.
2116 ONONDAGA LANE
PUNTA GORDA, FL 33983 US*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: ROBERT O. BURR, JR.****02/15/2016**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name SMITH, PAUL D
Address 2100 KINGS HIGHWAY #673
City-State-Zip: PORT CHARLOTTE FL 33980

Title SEC
Name FLETCHER, DORIS J
Address 21442 LANDIS AVENUE
City-State-Zip: PORT CHARLOTTE FL 33954

Title DIRECTOR
Name SETSER, DEIDRA
Address 100 POINSETTIA CIRCLE
City-State-Zip: PORT CHARLOTTE FL 33952

Title DIRECTOR
Name HALD, MICHAEL
Address 660 MYRA LANE
City-State-Zip: PORT CHARLOTTE FL 33948

Title DIRECTOR
Name EUGENIUS, JAMES
Address 1322 ALGIERS STREET
City-State-Zip: PORT CHARLOTTE FL 33952

Title DIRECTOR
Name BULLOCK, STEVEN
Address 12274 SW EGRET CIRCLE #3205
City-State-Zip: LAKE SUZY FL 34269

Title DIRECTOR
Name VOLKMANN, MARIANNE
Address 2121 SILVER PALM ROAD
City-State-Zip: NORTH PORT FL 34288

Title DIRECTOR
Name DOBSON, RONALD
Address 19651 MIDWAY BLVD.
City-State-Zip: PORT CHARLOTTE FL 33952

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PAUL D. SMITH**PRESIDENT****02/15/2016**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name BEYNON, THOMAS
Address 22159 MARSHALL AVENUE
City-State-Zip: PORT CHARLOTTE FL 33952

Title DIRECTOR
Name GLASSBURN, DAVID
Address 416 TORRINGTON STREET
City-State-Zip: PORT CHARLOTTE FL 33954