

2020 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: Yes****Name and Address of Current Registered Agent:**GRAHAM, GARY
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:** GARY GRAHAM

02/07/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name GRAHAM, GARY
Address 24084 BUCKINGHAM WAY
City-State-Zip: PORT CHARLOTTE FL 33980

Title ASST. SECRETARY
Name SETSER, DIEDRA
Address 100 POINSETTIA CIRCLE
City-State-Zip: PORT CHARLOTTE FL 33952

Title VC
Name COCCARO, PETER
Address 27340 EGRET STREET
City-State-Zip: PUNTA GORDA FL 33983

Title DIRECTOR
Name CORRIDINO, CHRISTOPHER
Address 4748 SANTA DEL RAE AVE
City-State-Zip: FORT MYERS FL 33901

Title DIRECTOR
Name LIVESAY, FRED
Address 25409 DURANGO CT.
City-State-Zip: PUNTA GORDA FL 33955

Title DIRECTOR
Name WHITE, SID
Address 449 ROSE APPLE CIR
City-State-Zip: PORT CHARLOTTE FL 33954

Title DIRECTOR
Name SRONCE, DAVID
Address 22443 TENNYSON AVENUE
City-State-Zip: PORT CHARLOTTE FL 33954

Title DIRECTOR
Name LAMANTIA, DANIEL
Address 25384 NARWHAL LANE
City-State-Zip: PUNTA GORDA FL 33983

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: GAYLA S PRESSNERCHURCH
ADMINISTRATOR

02/07/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CREWS, PHYLLIS
Address 21185 QUESADA AVENUE
City-State-Zip: PORT CHARLOTTE FL 33952

Title CORRESPONDING SECRETARY
Name PRESSNER, GAYLA
Address 23098 TROY AVE
City-State-Zip: PORT CHARLOTTE FL 33980