2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2015
Secretary of State
CC9686184156

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. 02/10/2015

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRES
Name	SNIECINSKI, ROMAN M
Address	2642 ATWATER DRIVE
City-State-Zip:	NORTH PORT FL 34288

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

Title	DIRECTOR
Name	WEST, WILLIAM F
Address	17376 HARRIS AVENUE
City-State-Zip:	PORT CHARLOTTE FL 33948

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

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

Title	VP
Name	WILCEK, JOSEPH
Address	2601 DENICKE STREET
City-State-Zip:	NORTH PORT FL 34286

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

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

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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: ROMAN SNIECINSKI PRESIDENT 02/10/2015

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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