


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90225 047 ****61.25

DOCUMENT # 700822 1. Entity Name PEACE LUTHERAN CHURCH OF PORT CHARLOTTE FLORIDA, INC.					
Principal Place of Business 21500 GIBRALTER DRIVE PORT CHARLOTTE, FL 33952			Mailing Address 21500 GIBRALTER DRIVE PORT CHARLOTTE, FL 33952		
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 59-1386294	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JACOBS, MARILYN 4566 HERMAN CIRCLE PT. CHARLOTTE, FL 33948			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PT	<input checked="" type="checkbox"/> Delete	TITLE	PT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALL, NICKI		NAME	Reineck, Gabrielle	
STREET ADDRESS	785 W. TARPON BLVD.		STREET ADDRESS	244 FERNDON Circle	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		CITY-ST-ZIP	Port Charlotte, FL 33954	
TITLE	VT	<input checked="" type="checkbox"/> Delete	TITLE	VT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REINECK, GABRIELLE		NAME	JACOBS, JON	
STREET ADDRESS	244 FERNDON CIRCLE		STREET ADDRESS	3527 ERIC CT.	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33954		CITY-ST-ZIP	North Port, FL 34287	
TITLE	ST	<input checked="" type="checkbox"/> Delete	TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAGIERA, KELLY		NAME	HEKMAT, Michelle	
STREET ADDRESS	4405 SANSEDRO ST.		STREET ADDRESS	2589 ROCK Creek Dr.	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33948		CITY-ST-ZIP	Port Charlotte, FL 33948	
TITLE	T	<input type="checkbox"/> Delete	TITLE		
NAME	BURNS, MICHELLE		NAME		
STREET ADDRESS	15682 APPLEWHITE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33981		CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: Michelle M Burns Michelle M. BURNS					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				4/26/04	941-625-4969
				<small>Date</small>	<small>Daytime Phone #</small>