

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

**DOCUMENT # 703554 (6)**

**1. Corporation Name  
FIRST PRESBYTERIAN CHURCH OF PORT CHARLOTTE, INC**

95 MAY -1 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
2230 HARIET ST 2230 HARIET ST  
PO BOX 2249 PO BOX 2249  
PORT CHARLOTTE FL 33949-2249 PORT CHARLOTTE FL 33949-2249

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/05/1962</b>	3a. Date of Last Report <b>03/31/1994</b>
4. FEI Number <b>59-1835089</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

9. Name and Address of Current Registered Agent  
**DONALD PHILLIPS  
1426 FIRESIDE STREET  
PORT CHARLOTTE FL 33952**

10. Name and Address of New Registered Agent

81. Name <b>Tom Heidkamp</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>1816 Nuremberg</b>
83. City <b>Punta Gorda</b>
84. State <b>FL</b>
85. Zip Code <b>33983</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Tom Heidkamp* **Tom Heidkamp** **4/28/95**

12. OFFICERS AND DIRECTORS

TITLE <b>P</b>	NAME <b>PHILLIPS, DONALD</b>
STREET ADDRESS <b>1426 FIRESIDE ST</b>	CITY, ST, ZIP <b>PT CHARLOTTE FL</b>
TITLE <b>S</b>	NAME <b>GLENN L. KAISER</b>
STREET ADDRESS <b>2100 KINGS HWY 1051</b>	CITY, ST, ZIP <b>PORT CHARLOTTE FL</b>
TITLE <b>D</b>	NAME <b>FREAS, LYNDIA</b>
STREET ADDRESS <b>50 OCEAN DR</b>	CITY, ST, ZIP <b>PUNTA GORDA FL</b>
TITLE <b>D</b>	NAME <b>TURNER, KATHERINE</b>
STREET ADDRESS <b>22583 ADORN AVE</b>	CITY, ST, ZIP <b>PT CHARLOTTE FL</b>
TITLE <b>D</b>	NAME <b>CLARK, JAMES</b>
STREET ADDRESS <b>674 SISTINA ST</b>	CITY, ST, ZIP <b>PORT CHARLOTTE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE <b>P</b>	NAME <b>Heidkamp, Tom</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. STREET ADDRESS <b>1816 Nuremberg</b>	13. CITY, ST, ZIP <b>Punta Gorda FL 33983</b>	
21. TITLE <b>D</b>	NAME <b>Richard Cook</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. STREET ADDRESS <b>18385 Lingerlon Ave.</b>	23. CITY, ST, ZIP <b>Port Charlotte FL 33948</b>	
31. TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. STREET ADDRESS	33. CITY, ST, ZIP	
41. TITLE	NAME <b>S Doris Mackenzie</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42. STREET ADDRESS <b>20431 Ladner</b>	43. CITY, ST, ZIP <b>Port Charlotte FL 33952</b>	
51. TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. STREET ADDRESS	53. CITY, ST, ZIP	
61. TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. STREET ADDRESS	63. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is verifiably furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 of this nature or have been empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an affidavit.

SIGNATURE: *James V. Clark* **James V. Clark** **4-28-95** **625 6784**

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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Gwendolyn D. Northrup  
Secretary of State  
DIVISION OF CORPORATIONS

APR 11 1995 AM 9:05

DOCUMENT # 703575 (1)

1. Corporation Name

THE RECTOR, WARDENS AND VESTRYMEN OF ST. MARY'S  
CHURCH IN STUART

OFFICE OF STATE  
T. J. CARROLL, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
623 E OCEAN BLVD. STUART FL 34994 US	623 E OCEAN BLVD STUART FL 34994 US

3. Date Incorporated or Qualified 02/12/1962	3a. Date of Last Report 02/15/1994
4. FEI Number 59-1005086	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

THOMAS TRACY PITTENGER II  
623 E OCEAN BLVD.  
STUART 34994

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_  
(Signature of person or persons authorized to register agent and file this application) (Signature of Registered Agent, separate separate when registering) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>SIMMONS, ELIZABETH</del>	12 NAME	Hudson, Dale M.
STREET ADDRESS	<del>623 E OCEAN BLVD</del>	13 STREET ADDRESS	623 E. Ocean Blvd.
CITY, ST, ZIP	<del>STUART FL</del>	14 CITY, ST, ZIP	Stuart, FL 34994
TITLE	DT	15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANTHONY, JAMES C	16 NAME	
STREET ADDRESS	623 E OCEAN BLVD	17 STREET ADDRESS	
CITY, ST, ZIP	STUART FL	18 CITY, ST, ZIP	
TITLE	D	19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOWNING, JAMES	20 NAME	
STREET ADDRESS	623 E OCEAN BLVD	21 STREET ADDRESS	
CITY, ST, ZIP	STUART FL	22 CITY, ST, ZIP	
TITLE	PD	23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PITTENGER, THOMAS T. II	24 NAME	
STREET ADDRESS	623 E OCEAN BLVD	25 STREET ADDRESS	
CITY, ST, ZIP	STUART FL	26 CITY, ST, ZIP	
TITLE		27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		28 NAME	
STREET ADDRESS		29 STREET ADDRESS	
CITY, ST, ZIP		30 CITY, ST, ZIP	
TITLE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		35 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		36 NAME	
STREET ADDRESS		37 STREET ADDRESS	
CITY, ST, ZIP		38 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James C. Anthony III  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
James C. Anthony III, Director/Treasurer  
Date: 4/25/95 (407) 287-3244  
Date: 4/25/95