

FILE NOW: FILING FEE IS \$61.25

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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 703554 (6)
1. Corporation Name
FIRST PRESBYTERIAN CHURCH OF PORT CHARLOTTE, INC

Principal Place of Business 2230 HARIET ST PORT CHARLOTTE FL 33952	Mailing Address 2230 HARIET ST PORT CHARLOTTE FL 33952-5555
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/05/1962	3a. Date of Last Report 09/23/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1835089	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PITTENGER, RODNEY 2622 RIO GRANDE DRIVE PUNTA GORDA FL 33950		81 Name Glenn Kaiser	
		82 Street Address (P.O. Box Number is Not Acceptable) 2100 Kings Highway #1051	
		83	
		84 City Port Charlotte	85 Zip Code FL 33980

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Glenn Kaiser* DATE: *3/5/97*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PITTENGER, RODNEY	1.2 NAME	Glenn Kaiser
STREET ADDRESS	2622 RIO GRANDE DRIVE	1.3 STREET ADDRESS	2100 Kings Highway #1051
CITY-ST-ZIP	PUNTA GORDA FL	1.4 CITY-ST-ZIP	Port Charlotte, FL 33980
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOK, RICHARD	2.2 NAME	Joseph Baldauf
STREET ADDRESS	18385 LINGERLON AVE.	2.3 STREET ADDRESS	2100 Kings Highway #386
CITY-ST-ZIP	PORT CHARLOTTE FL	2.4 CITY-ST-ZIP	Port Charlotte, FL 33980
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREAS, LYNDA	3.2 NAME	H. Wendell Palm
STREET ADDRESS	50 OCEAN DR	3.3 STREET ADDRESS	22183 Mamarnoek Avenue
CITY-ST-ZIP	PUNTA GORDA FL	3.4 CITY-ST-ZIP	Port Charlotte, FL 33952
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MACKENZIE, DORIS	4.2 NAME	Richard Thompson
STREET ADDRESS	20431 LADNER	4.3 STREET ADDRESS	18070 Northern Avenue
CITY-ST-ZIP	PT CHARLOTTE FL	4.4 CITY-ST-ZIP	Port Charlotte, FL 33948
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, JAMES	5.2 NAME	
STREET ADDRESS	674 SISTINA ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: *Glenn Kaiser* DATE: *3/5/97*

CR2E037 (9/96)