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Secretary of State

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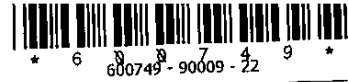
NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 703554 ✓
 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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
1		2b		02/05/1962	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
2		27		59-1835089	
City & State		City & State		5. Certificate of Status Desired	
3		28		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution	
4 25		29 30		<input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BALDAUF, JOSEPH 2100 KINGS HIGHWAY #386 PORT CHARLOTTE FL 33980				81 Name: Phillips, Donald			
				82 Street Address (P.O. Box Number is Not Acceptable): 1426 Fireside St.			
				83			
				84 City: Port Charlotte FL 85 Zip Code: 33952			

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: *Donald Phillips* DATE: 7/2/99
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KAISER, GLENN		1.2 NAME				
STREET ADDRESS	2100 KINGS HWY #1051		1.3 STREET ADDRESS				
CITY-ST-ZIP	PORT CHARLOTTE FL 33980		1.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BALDAUF, JOSEPH		2.2 NAME				
STREET ADDRESS	2100 KINGS HWY #386		2.3 STREET ADDRESS				
CITY-ST-ZIP	PORT CHARLOTTE FL 33980		2.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PALM, H WENDELL		3.2 NAME				
STREET ADDRESS	22183 MAMARNOECK AVE		3.3 STREET ADDRESS				
CITY-ST-ZIP	PORT CHARLOTTE FL		3.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	REHM, CARL E		4.2 NAME	Phillips, Donald			
STREET ADDRESS	541 TOULOUSE DRIVE		4.3 STREET ADDRESS	1426 Fireside St.			
CITY-ST-ZIP	PUNTA GORDA FL 33950		4.4 CITY-ST-ZIP	Port Charlotte, FL 33952			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			5.2 NAME	Stevens, Fred			
STREET ADDRESS			5.3 STREET ADDRESS	23053 Westchester Blvd. # L207			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Port Charlotte, FL 33980			
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 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, with all other like empowered.

SIGNATURE: *Donald Phillips* DATE: 7/2/99 (941) 627-3310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/198)