

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90018 017 ****61.25

DOCUMENT # 703554

1. Entity Name

FIRST PRESBYTERIAN CHURCH OF PORT CHARLOTTE, INC

Principal Place of Business

Mailing Address

**2230 HARIET ST
 PORT CHARLOTTE FL 33952**

**2230 HARIET ST
 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

59-1835089

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PHILLIPS, DONALD
 1426 FIRESIDE ST
 PORT CHARLOTTE FL 33952**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D KAISER, GLENN <input checked="" type="checkbox"/> Delete
STREET ADDRESS	2100 KINGS HWY #1051
CITY-ST-ZIP	PORT CHARLOTTE FL 33980
TITLE NAME	D REHM, CARL E <input type="checkbox"/> Delete
STREET ADDRESS	541 TOULOUSE DRIVE
CITY-ST-ZIP	PUNTA GORDA FL 33950
TITLE NAME	P PHILLIPS, DONALD <input type="checkbox"/> Delete
STREET ADDRESS	1426 FIRESIDE ST
CITY-ST-ZIP	PORT CHARLOTTE FL 33952
TITLE NAME	D STEVENS, FRED <input type="checkbox"/> Delete
STREET ADDRESS	28053 WESTCHESTER BLVD #L207
CITY-ST-ZIP	PORT CHARLOTTE FL 33980
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	VP, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	S, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	P, D SORENSEN, DONALD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1593 BLUE LAKE CIRCLE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33983
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
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: *SIGNATURE REQUIRED* **Fred R. Stevens** 1/29/01 941-625-5455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)