

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2002 8:00 am
Secretary of State

UBR 444

03-11-2002 90069 037 *****70.00

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

4. FEI Number

59-1835089

Applied For

Not Applicable

Zip

Country

Zip

Country

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 **William M. Turcotte**

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

2232 Lynx Run

City **North Port**

FL

Zip Code **34288**

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 *William M. Turcotte*
 Signature, typed or printed name of registered agent and title if applicable.

WILLIAM M. TURCOTTE
 (NOTE: Registered Agent signature required when reinstating)

2/20/02
 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 **D** Delete
 NAME **REHM, CARL E**
 STREET ADDRESS **541 TOULOUSE DRIVE**
 CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPD** Delete
 NAME **PHILLIPS, DONALD**
 STREET ADDRESS **1426 FIRESIDE ST**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **D** Change Addition
 NAME **Phillips, Donald**
 STREET ADDRESS **146 Fireside Street**
 CITY-ST-ZIP **Port Charlotte, FL 33952**

TITLE **SD** Delete
 NAME **STEVENS, FRED**
 STREET ADDRESS **28053 WESTCHESTER BLVD #L207**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33980**

TITLE **S|T|D** Change Addition
 NAME **Stevens, Fred**
 STREET ADDRESS **23053 Westchester Blvd. L207**
 CITY-ST-ZIP **Port Charlotte, FL 33980**

TITLE **PD** Delete
 NAME **SORRENSEN, DONALD**
 STREET ADDRESS **1593 BLUE LAKE CIRCLE**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33983**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Change Addition
 NAME **Turcotte, William M.**
 STREET ADDRESS **2232 Lynx Run**
 CITY-ST-ZIP **North Port, FL 34288**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D|VP** Change Addition
 NAME **Stass, Donald C.**
 STREET ADDRESS **32420 Washington Loop**
 CITY-ST-ZIP **Punta Gorda, FL 33982**

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: *William M. Turcotte*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM M. TURCOTTE **2/20/02** **944-625-5045**
 Date Daytime Phone #

CR2E037 (9/01)