


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90437 028 \*\*\*\*61.25

<b>DOCUMENT # 703554</b>					
1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1835089	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TURCOTTE, WILLIAM M 2232 LYNX RUN NORTH PORT, FL 34288				Name <i>Charles Winston</i>	
				Street Address (P.O. Box Number is Not Acceptable) <i>21304 Berkshire Ave.</i>	
				City <i>Port Charlotte</i> FL Zip Code <i>33954</i>	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<i>PD</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REHM, CARL E		NAME	<i>Rehm, CARL E</i>	
STREET ADDRESS	541 TOULOUSE DRIVE		STREET ADDRESS	<i>541 Toulouse Drive</i>	
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP	<i>PUNTA GORDA, FL 33950</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, DONALD		NAME		
STREET ADDRESS	146 FIRESIDE STREET		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE	<i>STD (DEAN)</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVENS, FRED		NAME	<i>Charles Winston</i>	
STREET ADDRESS	23053 WESTCHESTER BLVD L207		STREET ADDRESS	<i>21304 Berkshire Ave</i>	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980		CITY-ST-ZIP	<i>PORT CHARLOTTE, FL 33954</i>	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<i>D</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SORRENSEN, DONALD		NAME	<i>Richard Woodhull</i>	
STREET ADDRESS	1593 BLUE LAKE CIRCLE		STREET ADDRESS	<i>1105 ALTON RD</i>	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33983		CITY-ST-ZIP	<i>PORT CHARLOTTE, FL 33952</i>	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<i>D</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TURCOTTE, WILLIAM M		NAME	<i>Robert BRINSON</i>	
STREET ADDRESS	2232 LYNX RUN		STREET ADDRESS	<i>126 DANFORTH DRIVE</i>	
CITY-ST-ZIP	NORTH PORT, FL 34288		CITY-ST-ZIP	<i>PORT CHARLOTTE, FL 33980</i>	
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STASS, DONALD C		NAME		
STREET ADDRESS	32420 WASHINGTON LOOP		STREET ADDRESS		
CITY-ST-ZIP	PUNTA GORDA, FL 33982		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Charles Winston</i>			Date: <i>4/20/06</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		