

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703554

FILED
Mar 21, 2011
Secretary of State

Entity Name: FIRST PRESBYTERIAN CHURCH OF PORT CHARLOTTE, INC.

Current Principal Place of Business:

2230 HARIET ST
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

2230 HARIET ST
PORT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 59-1835089

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PHILLIPS, DONALD B
1426 FIRESIDE STREET
PORT CHARLOTTE, FL 33952 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D
Name: BROUWER, JAY
Address: 12539 SW KINGSWAY CIRCLE
City-St-Zip: LAKE SUZY, FL 34269

Title: VP
Name: LUND, RICHARD H
Address: 1537 RED OAK LANE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D
Name: MAYES, ARTHUR M
Address: 227 SAN CRISTOBAL AVENUE
City-St-Zip: PUNTA GORDA, FL 33983

Title: D
Name: HULL, BOBBIE B
Address: 21310 MARIGOLD AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: S
Name: ARNOLDT, ROSEMARIE
Address: 1822 ROCKLAND ROAD
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: P
Name: PHILLIPS, DONALD B
Address: 1426 FIRESIDE STREET
City-St-Zip: PORT CHARLOTTE, FL 33952

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DONALD B. PHILLIPS

P

03/21/2011

Electronic Signature of Signing Officer or Director

Date