

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90026 032 ****61.25

DOCUMENT # 706094 1. Entity Name PORT CHARLOTTE UNITED METHODIST CHURCH, INC.					
Principal Place of Business 21075 QUESADA AVE PORT CHARLOTTE, FL 33952 US			Mailing Address 21075 QUESADA AVE PORT CHARLOTTE, FL 33952 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1022083	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, DONALD C 315 TIPTON ST. PORT CHARLOTTE, FL 33954			7. Name and Address of New Registered Agent Name Brown, Donald Craig (name change only) 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Donald Craig Brown</i> CHURCH ADMINISTRATOR 1/25/2008 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HIKSON, DORIS 23161 NANCY AVE PORT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Coccaro, Peter 27340 Egret Pl. Punta Gorda, FL 33983
<input checked="" type="checkbox"/>		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EDMISTON, SUE 1461 EAGLE ST. PORT CHARLOTTE, FL 33952	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Coker, Paul 26178 Mindanao Ln. Punta Gorda, FL 33983
<input type="checkbox"/>		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEJAGER, HAROLD 2101 BAYOU RD. PUNTA GORDA, FL 33950	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DePaul, Santi 23191 MacDougall Ave. Port Charlotte, FL 33980
<input checked="" type="checkbox"/>		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COX, DAVID SR. 21507 CHIPMAN AVE PORT CHARLOTTE, FL 33954	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Cox, David Sr. 21507 Chipman Ave. Port Charlotte, FL 33954
<input type="checkbox"/>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, LEO 22093 SEATON AVE. PORT CHARLOTTE, FL 33954	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bonsky, Anne Parks 3715 Woodbridge Ave. North Port, FL 34287
<input checked="" type="checkbox"/>		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROCHESTER, ARTHUR 22000 BEVERLY AVE. PORT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D West, Jeff 2159 Starlite Ln. Port Charlotte, FL 33952
<input checked="" type="checkbox"/>		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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>Peter Coccaro</i> PETER COCCARO 1-26-08 941-624-5305 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					