


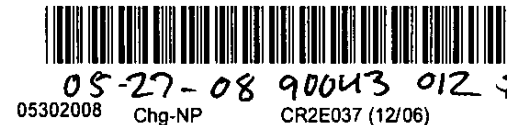
2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



4. FEI Number 59-1022083	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BROWN, DONALD C 315 TIPTON ST. PORT CHARLOTTE, FL 33954
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7. Name and Address of New Registered Agent Name <u>BURR, ROBERT O., JR.</u> Street Address (P.O. Box Number is Not Acceptable) <u>2116 ONONDAGA LANE</u> City <u>PORT CHARLOTTE</u> FL Zip Code <u>33983</u>
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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 <u>Robert O. Burr, Jr.</u>	Robert O. Burr, Jr.	6/09/08

Amended AR is \$61.25	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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COCCARO, PETER 24340 EGRET PL. PUNTA GORDA, FL 33983 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EDMISTON, SUE 1461 EAGLE ST. PORT CHARLOTTE, FL 33952 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEPAUL, SANTI 23191 MACDOUGAIL AVE. PORT CHARLOTTE, FL 33980 <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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARKS, BONSKY A 3715 WOODBRIDGE AVE. NORTH PORT, FL 34287 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEST, JEFF 2159 STARLITE LN. PORT CHARLOTTE, FL 33952 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5 Coker, Paul 26179 Mindanao Lane Punta Gorda, FL 33983 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Parks-Bonsky, Anne 3715 Woodbridge Ave. North Port, FL 34287 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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.	
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SIGNATURE: <u>Paul Coker</u>	Paul Coker	6/09/08	941-743-8752
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FILED
08 JUN 13 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA