


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2007 08:00 AM**  
**Secretary of State**

|   |   |
|---|---|
| <b>DOCUMENT # 707896</b><br>1. Entity Name<br>PORT CHARLOTTE CHURCH OF CHRIST, INC. |  |
|---|---|

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|--|--|
| Principal Place of Business<br>20484 MIDWAY BLVD<br>PORT CHARLOTTE, FL 33952 | Mailing Address<br>20484 MIDWAY BLVD<br>PORT CHARLOTTE, FL 33952 |
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**DO NOT WRITE IN THIS SPACE**



02232007 No Chg-NP CR2E037 (4/06)

|   |  |
|---|--|
| 4. FEI Number<br>59-6153816                               | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |

8. Name and Address of Current Registered Agent

BRICE DIXON  
4374 OZARK AVE.  
N. PORT, FL 34287

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

|   |   |  |
|---|---|--|
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees | U00000656392<br>03/14/07-80023-018 61.25 |
|---|---|--|

10. OFFICERS AND DIRECTORS

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VT<br>DALLAS, JOHN<br>2700 PEBBLE CREEK PL<br>PORT CHARLOTTE, FL 33948 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PT<br>DIXON, BRICE<br>4374 OZARK AVE.<br>NORTH PORT, FL 34287          |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST<br>DUTILE, PAUL<br>22512 LAIKA AVENUE<br>PORT CHARLOTTE, FL 33952   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | T<br>TOOLEY, WILLIAM<br>4582 LULLABY RD<br>NORTH PORT, FL 34287        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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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:** Brice F. Dixon **2/28/07** **727-423-7100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #