2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT #707896



FILED Jan 22, 2008 8:00 am Secretary of State

01-22-2008 90052 038 ****61.25

PORT CHARLOTTE CHURCH OF CHRIST, INC.									
Principal Place 20484 MIDW PORT CHARL		Mailing Address 20484 MIDWAY BLVD PORT CHARLOTTE, FL	33952	,	* ************************************		II BIBA BIBN BIBN I	1 0 1	11 01 0 1 (101
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address		·					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01152008 C	hg-NP	CR2E037	(12/06)	
City & State		City & State	City & State			16		_ 	plied For t Applicable
Zip	Country	Zip	Country		5. Certificate of S	Status Desired		8.75 Add	
	6. Name and Address of Current I	Registered Agent			7. Name and Ad	dress of New F	Registered Ag	ent	· · · · · · · · · · · · · · · · · · ·
BRICE DIX	/ON		Name						
4374 OZAI N. PORT, I	RK AVE.		Street Address			Not Acceptable	e)		
			City				FL	Zip Code)
	named entity submits this statement for tions of registered agent.	r the purpose of changing its	registered office of	r register	ed agent, or both, in	n the State of Fl		miliar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	E: Registered Agent signa	ture required	when reinstating}		DATE		
									1
	Filing Fee is \$61.25 Due by May 1, 2008	9. Election Can Trust Fund C	npaign Financing Contribution.		\$5.00 May Be Added to Fees		flake check j rida Departn	-	
10.	_	Trust Fund 0		Ц		Flor	rida Departn	nent of St	ate
THTLE	OFFICERS AND DIF	Trust Fund 0	11. TITLE		Added to Fees	Flor GES TO OFFICE	rida Departn ERS AND DIRE	nent of St	ate
TITLE NAME	OFFICERS AND DIF VT DALLAS, JOHN	Trust Fund C	11. TITLE NAME	ST	Added to Fees ADDITIONS/CHANG	Floo GES TO OFFICE David	rida Departn ERS AND DIRE	CTORS IN	10
TITLE NAME STREET ADDRESS	OFFICERS AND DIF VT DALLAS, JOHN 2700 PEBBLE CREEK PL	Trust Fund C	11. TITLE NAME STREET ADDRESS	5T NO:5	Added to Fees ADDITIONS/CHANGE Sh, Lewis G Kings	David	rida Departn ERS AND DIRE (reet	CTORS IN Change	10
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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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR