

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707896

FILED  
Jan 30, 2009  
Secretary of State

Entity Name: PORT CHARLOTTE CHURCH OF CHRIST, INC.

## Current Principal Place of Business:

20484 MIDWAY BLVD  
PORT CHARLOTTE, FL 33952

## New Principal Place of Business:

## Current Mailing Address:

20484 MIDWAY BLVD  
PORT CHARLOTTE, FL 33952

## New Mailing Address:

FEI Number: 59-6153816

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

BRICE DIXON  
4374 OZARK AVENUE  
NORTH PORT, FL 34287 US

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:

01/30/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: VT ( ) Delete  
Name: DALLAS, JOHN  
Address: 2700 PEBBLE CREEK PL  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: PT ( ) Delete  
Name: DIXON, BRICE  
Address: 4374 OZARK AVE.  
City-St-Zip: NORTH PORT, FL 34287

Title: ST ( ) Delete  
Name: DUTILE, PAUL  
Address: 22512 LAIKA AVENUE  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: T ( ) Delete  
Name: TOOLEY, WILLIAM  
Address: 4582 LULLABY RD  
City-St-Zip: NORTH PORT, FL 34287

Title: ST (X) Delete  
Name: NASH, LEWIS D  
Address: 3049 KINGSTON ST  
City-St-Zip: PORT CHARLOTTE, FL 33952

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VT (X) Change ( ) Addition  
Name: DALLAS, JOHN  
Address: 2700 PEBBLE CREEK PLACE  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: PT (X) Change ( ) Addition  
Name: DIXON, BRICE  
Address: 4374 OZARK AVENUE  
City-St-Zip: NORTH PORT, FL 34287

Title: ST (X) Change ( ) Addition  
Name: NASH, LEWIS D  
Address: 3049 KINGSTON STREET  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: T (X) Change ( ) Addition  
Name: TOOLEY, WILLIAM  
Address: 4582 LULLABY ROAD  
City-St-Zip: NORTH PORT, FL 34287

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BRICE F. DIXON

PT

01/30/2009

Electronic Signature of Signing Officer or Director

Date