

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -7 PM 4:32

DOCUMENT # **744834** (3)
1. Corporation Name
FIRST CHURCH OF GOD OF PORT CHARLOTTE, INC.

Principal Place of Business 5290 ATWATER DR. P O BOX 2856 PORT CHARLOTTE FL 33949-2856	Mailing Address 5290 ATWATER DR. P O BOX 2856 PORT CHARLOTTE FL 33949-2856
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/03/1978	3a. Date of Last Report 04/27/1994
4. FEI Number 59-2245391	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 5290 ATWATER ST Suite, Apt. #, etc. 22 NORTH POINTE, FL City & State 23 NORTH POINTE FL Zip 24 34207	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 JARASOTA Country 30
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9. Name and Address of Current Registered Agent
MONROE, REV. JOHN E
5290 ATWATER ST
N. PT. CHARLOTTE FL 33949

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CTP
NAME	MONROE, JOHN E
STREET ADDRESS	225 E. SESSOMS AVE.
CITY - ST - ZIP	LAKE WALES FL
TITLE	VTD
NAME	UNGER, ALBERT J
STREET ADDRESS	1000 KINGS HWY, #434
CITY - ST - ZIP	PORT CHARLOTTE FL
TITLE	D
NAME	ARNOLD, MARGARET R.
STREET ADDRESS	941 DUPIN AVE., N.W.
CITY - ST - ZIP	PORT CHARLOTTE FL
TITLE	DT
NAME	ARNOLD, CHESTER R
STREET ADDRESS	941 DUPIN AVE., N.W.
CITY - ST - ZIP	PORT CHARLOTTE FL
TITLE	DT
NAME	VAIL, WINNIE
STREET ADDRESS	ROUTE 3 BOX 705
CITY - ST - ZIP	ARCADIA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ARNOLD, CHESTER R.
3.3 STREET ADDRESS	941 DUPIN AVE N.W
3.4 CITY - ST - ZIP	PORT CHARLOTTE, FL
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RATHBUN, JOHN
4.3 STREET ADDRESS	21516 BANCROFT AVE
4.4 CITY - ST - ZIP	PORT CHARLOTTE, FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John E. Monroe *John E. Monroe* 1/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR