

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **744834** (3)  
1. Corporation Name  
**FIRST CHURCH OF GOD OF PORT CHARLOTTE, INC.**



Principal Place of Business <b>5280 ATWATER DR P O BOX 2856 NORTH PORT FL 34287 US</b>	Mailing Address <b>5280 ATWATER DR. P O BOX 2856 PORT CHARLOTTE FL 33949-2856</b>
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3. Date Incorporated or Qualified <b>11/03/1978</b>		
4. FEI Number <b>59-2245391</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**BUTLER, REV E**  
**5290 ATWATER ST**  
**N PT CHARLOTTE FL 33949**

*Atwater*

*Church Address*

10. Name and Address of New Registered Agent

81 Name	<b>Edward L. Butler (Home)</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>P.O. Box 7895 Highway 17 North</b>
83	<b>610 South</b>
84 City	<b>Arcadia, Fla. 34266 FL</b>
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Edward L. Butler** **2-8-98**

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

12. OFFICERS AND DIRECTORS

TITLE	CTP	<input type="checkbox"/> DELETE
NAME	BUTLER, EDWARD L.	
STREET ADDRESS	PO BOX 2812 N/A	
CITY-ST-ZIP	ARCADIA FL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	UNGER, ALBERT J	
STREET ADDRESS	1000 KINGS HWY, #434	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOYTE, BETTE	
STREET ADDRESS	4022 BEAVER LN, 1000C	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	RATHBUN, JOHN	
STREET ADDRESS	5845 SWYING PALM DR.	
CITY-ST-ZIP	PUNTA GORDA FL 33982	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	DUFFEY, MILDRED L	
STREET ADDRESS	2275 ADRON ST APT 208 E	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	
TITLE		<input type="checkbox"/> DELETE
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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Albert J. Unger** **2-8-98** **941-625-0182**

SIGNATURE AND FULLY PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E037 (10/97)