


FILE NOW: FILING FEE IS \$61.25

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Jan 22, 1999 8:00am
Secretary of State

01-22-1999 90038 010 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 744834

1. Corporation Name
FIRST CHURCH OF GOD OF PORT CHARLOTTE, INC.

Principal Place of Business 5290 ATWATER DR P O BOX 2856 NORTH PORT FL 34287 US	Mailing Address 5290 ATWATER DR. P O BOX 2856 PORT CHARLOTTE FL 33949-2856
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21 Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 11/03/1978
22 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-2245391
23 City & State	27 City & State	Applied For Not Applicable
24 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25 Country	29 Country	30 Country
24 Zip	25 Country	29 Zip
30 Country	3. Date Incorporated or Qualified	4. FEI Number
3. Date Incorporated or Qualified	4. FEI Number	Applied For / Not Applicable
4. FEI Number	5. Certificate of Status Desired	\$8.75 Additional Fee Required
5. Certificate of Status Desired	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
EDWARD L. BUTLER 7895 HWY. 17 N. ARCADIA FL 34266		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 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 _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CTP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, EDWARD L.	1.2 NAME	
STREET ADDRESS	PO BOX 2812 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL	1.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UNGER, ALBERT J	2.2 NAME	
STREET ADDRESS	1000 KINGS HWY, #434	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33980	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOYTE, BETTE	3.2 NAME	
STREET ADDRESS	4022 BEAVER LN, 1000C	3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RATHBUN, JOHN	4.2 NAME	
STREET ADDRESS	5645 SWYING PALM DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33982	4.4 CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUFFEY, MILDRED L	5.2 NAME	
STREET ADDRESS	2275 ADRON ST APT 206 E	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	5.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Winnie Wail	6.2 NAME	
STREET ADDRESS	10450 S.W. Riverview CR	6.3 STREET ADDRESS	
CITY-ST-ZIP	ARCADIA FL 33821	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, with all other like empowered.

SIGNATURE _____ DATE _____

CR2E037 (11/98)

941-625-0182