

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 744834

1. Entity Name

FIRST CHURCH OF GOD OF PORT CHARLOTTE, INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90048 029 ****61.25

Principal Place of Business

Mailing Address

5290 ATWATER DR
P O BOX 2856
NORTH PORT FL 34287
US

5290 ATWATER DR.
P O BOX 2856
PORT CHARLOTTE FL 33949-2856

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2245391

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDWARD L. BUTLER
7895 HWY. 17 N.
ARCADIA FL 34266

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE CTP ☐ Delete
NAME BUTLER, EDWARD L.
STREET ADDRESS PO BOX 2812 N/A
CITY-ST-ZIP ARCADIA FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VTD ☐ Delete
NAME UNGER, ALBERT J
STREET ADDRESS 1000 KINGS HWY, #434
CITY-ST-ZIP PORT CHARLOTTE FL 33980

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D- ☐ Delete
NAME HOYTE, BETTE
STREET ADDRESS 4022 BEAVER LN, 1000C
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT ☐ Delete
NAME RATHBUN, JOHN
STREET ADDRESS 5645 SWYING PALM DR.
CITY-ST-ZIP PUNTA GORDA FL 33982

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DT ☐ Delete
NAME WAIL, WINNIE
STREET ADDRESS 10450 S.W. RIVERVIEW CR.
CITY-ST-ZIP ARCADIA FL 33821

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)