

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # 744834**

1. Entity Name

**FIRST CHURCH OF GOD OF PORT CHARLOTTE, INC.**

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  Delete  
 NAME **CTP 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  Delete  
 NAME **VTD 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  Delete  
 NAME **D- 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  Delete  
 NAME **DT 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  Delete  
 NAME **DT 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: Edward L Butler  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/2000 941-625-0182  
 Date Daytime Phone #

CR2E037 (9/99)