

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2002 8:00 am
Secretary of State

05-14-2002 90306 013 ****61.25
 07-15-2002 90192 006 ****61.25

DOCUMENT # NO1000008665

1. Entity Name

NEW COVENANT LIGHTHOUSE CHURCH OF PORT CHARLOTTE, INC.

Principal Place of Business

Mailing Address

3400 TAMiami TRAIL
 (HOTEL CONF. ROOM)
 PORT CHARLOTTE FL 33952

PO BOX 494240
 PORT CHARLOTTE FL 33949

2. Principal Place of Business

3. Mailing Address

4500 HARBOR BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CONF. ROOM

City & State
PORT CHARLOTTE, FL

City & State

4. FEI Number

01-0617877

Applied For

Not Applicable

Zip
33952

Country

USA

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

DAVIS, WADE L III
10901 SW 55 AVE
OCALA FL 34476

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Wade L. Davis III
 Signature, typed or printed name of registered agent and title if applicable

WADE L. DAVIS III

(NOTE: Registered Agent signature required when reinstating)

DATE

7-10-02

After September 13, 2002,
min. will be \$236.25.

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 **P, T**
 STREET ADDRESS **DAVIS, WADE L III**
 CITY-ST-ZIP **10901 SW 55 AVE**
OCALA FL 33494

TITLE ☐ Change ☒ Addition
 NAME **BOARD MEMBER**
 STREET ADDRESS **HEATHER C. DRAKE**
 CITY-ST-ZIP **9544 SW 30 TERR**
OCALA, FL 34476

TITLE ☐ Delete
 NAME **V, T**
 STREET ADDRESS **DRAKE, DENNIS**
 CITY-ST-ZIP **9544 SW 30 TERR**
OCALA FL 34476

TITLE ☐ Change ☒ Addition
 NAME **BOARD MEMBER**
 STREET ADDRESS **DAVID C. COOK**
 CITY-ST-ZIP **430 STONEMEADOW RD**
CLARKSVILLE, TN 37043

TITLE ☐ Delete
 NAME **ST, T**
 STREET ADDRESS **SINGLETARY-DAVIS, JULIE C**
 CITY-ST-ZIP **10901 SW 55 AVE**
OCALA FL 34476

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 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:

Wade L. Davis III
WADE L. DAVIS III **7-10-02** **813-6777** **(352)**

CR2E037 (4/02)