

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008665

FILED
Apr 19, 2004
Secretary of State

Entity Name: NEW COVENANT LIGHTHOUSE CHURCH OF PORT CHARLOTTE, INC.

Current Principal Place of Business:

4500 HARBOR BLVD
CONF. ROOM
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

PO BOX 494240
PORT CHARLOTTE, FL 33949

New Mailing Address:

FEI Number: 01-0617877

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIS, WADE L III
21503 BRYN MAWR AVE
PORT CHARLOTTE, FL 33952

Name and Address of New Registered Agent:

IMEL, AARON K
4780 GLORDANO AVE.
NORTH PORT, FL 34286

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: AARON K. IMEL

04/19/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: DAVIS, WADE L III
Address: 10901 SW 55 AVE
City-St-Zip: OCALA, FL 33494

Title: VT () Delete
Name: DRAKE, DENNIS
Address: 9544 SW 30 TERR
City-St-Zip: OCALA, FL 34476

Title: STT () Delete
Name: SINGLETARY-DAVIS, JULIE C
Address: 10901 SW 55 AVE
City-St-Zip: OCALA, FL 34476

Title: BM (X) Delete
Name: DRAKE, HEATHER C
Address: 9544 SW 30 TERR
City-St-Zip: OCALA, FL 34476

Title: BM (X) Delete
Name: COOK, DAVID C
Address: 430 STONEMeadow RD
City-St-Zip: CLARKSVILLE, TN 37043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: IMEL, AARON K
Address: 4780 GLORDANO AVE.
City-St-Zip: NORTH PORT, FL 34286

Title: VT (X) Change () Addition
Name: IMEL, MELANIE R
Address: 4780 GLORDANO AVE.
City-St-Zip: NORTH PORT, FL 34286

Title: STT (X) Change () Addition
Name: WISCAVER, JANICE K
Address: 6679 KENWOOD DR.
City-St-Zip: NORTH PORT, FL 34287

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AARON K. IMEL

PT

04/19/2004

Electronic Signature of Signing Officer or Director

Date