

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2003 8:00 am
Secretary of State

05-07-2003 90144 026 ****61.25

DOCUMENT # N01000008665

1. Entity Name

NEW COVENANT LIGHTHOUSE CHURCH OF PORT CHARLOTTE, INC.



Principal Place of Business

**4500 HARBOR BLVD
CONF. ROOM
PORT CHARLOTTE FL 33952**

Mailing Address

**PO BOX 494240
PORT CHARLOTTE FL 33949**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **01-0617877**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

WADE L DAVIS III

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

21503 BRYN MAWR AVE

City

PORT CHARLOTTE

FL

Zip Code

33952

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PT** ☐ Delete
NAME **DAVIS, WADE L III**
STREET ADDRESS **10901 SW 55 AVE**
CITY-ST-ZIP **OCALA FL 33494**

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

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

TITLE **BM** ☐ Delete
NAME **DRAKE, HEATHER C**
STREET ADDRESS **9544 SW 30 TERR**
CITY-ST-ZIP **OCALA FL 34476**

TITLE **BM** ☐ Delete
NAME **COOK, DAVID C**
STREET ADDRESS **430 STONEMADOW RD**
CITY-ST-ZIP **CLARKSVILLE TN 37043**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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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

Waide L Davis III

4-29-03 941-661-3371

CR2E037 (10/02)