

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90237 048 \*\*\*\*61.25

<b>DOCUMENT # N02000009606</b>					
<b>1. Entity Name</b> THE DISCIPLES CHURCH OF CHARLOTTE COUNTY INC.					
<b>Principal Place of Business</b> 905 TROPICAL AVE PORT CHARLOTTE, FL 33948 US			<b>Mailing Address</b> 905 TROPICAL AVE PORT CHARLOTTE, FL 33948 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
<b>6. Name and Address of Current Registered Agent</b> GLAZIER, QUINCY L 905 TROPICAL AVE PORT CHARLOTTE, FL 33948					
<b>7. Name and Address of New Registered Agent</b>					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
State <b>FL</b> Zip Code					
<b>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.</b>					
SIGNATURE _____ DATE _____ <small>Signature, hand or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
<b>Make check payable to</b> <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GLAZIER, JAMES L 905 TROPICAL AVE. PORT CHARLOTTE, FL 33948	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD GLAZIER, SHAWN 22380 WALTON PORT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD ORSO, JEAN 381 DOWER ST. Port Charlotte, FL 33952	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GLAZIER, QUINCY 905 TROPICAL AVE. PORT CHARLOTTE, FL 33948	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SANDY TERRELL 375 BOWSELL LANE Port Charlotte, FL 33953	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD COEN, BARBARA 2030 BASIN ST. PORT CHARLOTTE, FL 33952	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD TRAVIS, Glenda 2180 Broad Ranch Dr. Pt. Charlotte, FL 33948	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
<b>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.</b>					
<b>SIGNATURE:</b> <u>James L. Glazier Pres</u> <u>JAMES L. GLAZIER</u> <u>4/29/04</u> <u>941-255-5787</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					