

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2005
Secretary of State

DOCUMENT# N04000010698

Entity Name: PORT CHARLOTTE 7TH DAY CHURCH OF GOD MINISTRIES INC

Current Principal Place of Business:

24038 HARBORVIEW RD
SUITE 412
CHARLOTTE HARBOR, FL 33980 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 380604
SUITE 412
MURDOCK, FL 33938 US

New Mailing Address:

FEI Number: 54-2162393 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCNEIL, MICHAEL
9965 MIRAMAR PARKWAY
SUITE # 291
PEMBROKE PINES, FL 33025 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCNEIL, MICHAEL G
Address: 1050 SW 85 AVENUE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D () Delete
Name: BAKER, ROBERT
Address: 1604 NUREMBERG
City-St-Zip: PUNTA GORDA, FL 33983

Title: D () Delete
Name: SCARLET, LEBERT
Address: 26125 PAYSANDU DR
City-St-Zip: PUNTA GORDA, FL 33983

Title: D () Delete
Name: SCARLET, ELAINE
Address: 18466 PAYSANDU DR
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D (X) Delete
Name: SINN, OBED
Address: 3436 PINES TREE STREET
City-St-Zip: PORT CHARLOTTE, FL 33952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: SCARLET, ELAINE
Address: 18466 POSTON AVE
City-St-Zip: PORT CHARLOTTE, FL 33948

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: MG.MCNEIL

P

09/02/2005

Electronic Signature of Signing Officer or Director

_____ Date