

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010698

FILED  
Sep 02, 2005  
Secretary of State

**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