

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010698

FILED
Apr 30, 2009
Secretary of State

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

Current Principal Place of Business:

8100 CLEVELAND DR
PUNTA GORDA, FL 33982 US

New Principal Place of Business:

675 TAMiami TRAIL
UNIT 8
PORT CHARLOTTE, FL 33953 US

Current Mailing Address:

P.O. BOX 380604
MURDOCK, FL 33938 US

New Mailing Address:

FEI Number: 54-2162393 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACKSON, JULLIET C
17345 EDGEWATER DRIVE
PORT CHARLOTTE, FL 33948 US

Name and Address of New Registered Agent:

ASTON, HERON A
3401 E 5TH STREET
LEHIGH ACRES, FL 33972 US

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: ASTON G. HERON

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: STEWART, COURTNEY L
Address: 1179 STRASSBURG DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: DA () Delete
Name: CARWIN, TICHANNA
Address: 1386 ALGIERS STREET
City-St-Zip: PORT CHARLOTTE, FL 33980

Title: DT () Delete
Name: SCARLET, ELAINE
Address: 18466 POSTON AVE.
City-St-Zip: PORT CHARLOTTE, FL 33948

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DA (X) Change () Addition
Name: SHARON, HERON A
Address: 3401 E 5TH STREET
City-St-Zip: LEHIGH ACRES, FL 33972

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SHARON A. HERON

DA

04/30/2009

Electronic Signature of Signing Officer or Director

Date