

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07997

FILED  
Mar 23, 2005  
Secretary of State

**Entity Name:** PUNTA GORDA ALLIANCE CHURCH OF THE CHRISTIAN AND MISSIONARY ALLIANCE, INC.

**Current Principal Place of Business:**

7500 FLORIDA STREET  
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

**Current Mailing Address:**

7500 FLORIDA STREET  
PUNTA GORDA, FL 33950

**New Mailing Address:**

**FEI Number:** 59-2699446

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SWISHER, ROBERT MR.  
7500 FLORIDA ST  
PUNTA GORDA, FL 33950 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: DS ( ) Delete  
Name: WALLACE, CHARLES  
Address: 313 GOLD TREE  
City-St-Zip: PUNTA GORDA, FL 33955

Title: DT ( ) Delete  
Name: EGGERS, AL  
Address: 1425 VIA MILANESE  
City-St-Zip: PUNTA GORDA, FL 33950

Title: D ( ) Delete  
Name: CHRISTENSEN, CHARLES,  
Address: 30040 OAK RD.  
City-St-Zip: PUNTA GORDA, FL

Title: D ( ) Delete  
Name: WRIGHT, PHIL  
Address: 30320 CEDAR ST  
City-St-Zip: PUNTA GORDA, FL 33982

Title: D ( ) Delete  
Name: VASCONCELLOS, JOHN  
Address: 330 DOVER DR  
City-St-Zip: PUNTA GORDA, FL 33983

Title: D ( ) Delete  
Name: SWISHER, ROBERT MR  
Address: 7500 FLORIDA ST  
City-St-Zip: PUNTA GORDA, FL 33950 CH

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: BAUER, DENNIS REV.  
Address: 1366 ALLISON AVE  
City-St-Zip: PORT CHARLOTTE, FL 33952

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: STASNEY, CLINT REV.  
Address: 18166 GARVIN 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: BOB SWISHER

MR.

03/23/2005

Electronic Signature of Signing Officer or Director

Date