FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

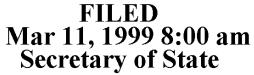
Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N09977

1. Corporation Name

ARUMDANT LIFE ASSEMBLY OF GOD OF PUNTA GORDA FI



03-11-1999 90165 030 ****70.00

ORIDA, I	NC.	U OF FUNIA GUNDA,	FL							
Principal Place of Business Mailing Address						7				
% DENNIS E. POSTELL 1500 COOPER ST PUNTA GORDA FL 33950 % DENNIS E. POSTELL 1500 COOPER ST PUNTA GORDA FL 33950										
2. Principal P	ace of Business	2a. Mailing Address				Date Incorporated or Qualifed		-		
21 26						06/26/1985 4. FEI Number		- T		
Suite, Apt. #, etc. Suite, Apt. #, etc.						59-2244874			Applicable	
22 27 City & State City & State						 	X)	\$8.75 A		
23		28				5. Certifcate of Status Desired	<u> </u>	Fee Rec	uired	
Zip 24	Country 25	Zip 29 3	Count	ry		Election Campaign Financing Trust Fund Contribution		\$5.00 to Added to	, ,	
24	9. Name and Address of Current		<u></u>			10. Name and Address of New Re	istered A	gent		
			8	31	Name				1	
POSTELL, DENNIS E.				32	Street Addre	ss (P.O. Box Number is Not Acceptable)				
3333 WISTERIA PL. PUNTA GORDA, FL				33	<u></u>					
	LOTTE FL 33930		8	34	City			85 Zip C	ode	
			- 1	ı	-		_FL			
l office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was aut	honzed b	oy th	e corporatio	oration submits this statement for the pun's board of directors. I hereby accept	he appoint	nent as reg	istered	
SIGNATURE	in tanimal with and decept the estigat									
	Signature, typed or printed name of registered agen			gent s	gnature required	when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	DIRECTO	20 IN 12	
12.	OFFICERS AN	D DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFI		Change	Addition	
TITLE NAME	D Postell, Dennis E.		1.2 NAMI					_ •	_	
STREET ADDRESS	3333 WISTERIA PL		1.3 STRE		DDRESS					
CITY-ST-ZIP	PUNTA GORDA FL 33950		1.4 CITY	-ST-Z	IP					
TITLE	T	☐ DELETE	2.1 TITLE	E				Change	☐ Addition	
NAME	HUSKA, RAY		2.2 NAME		ĺ				ĺ	
STREET ADDRESS	010 01 011010 011.		1	2.3 STREET ADDRESS						
CITY-ST-ZIP	PUNTA GORDA FL 33950	DELETE	2. 4 CIT E 3.1 TITL		ZIP			Change	Addition	
TITLE NAME	T POSE	□ bereig	3.1 IIIL							
STREET ADDRESS	OTTO, ROSE 3806 BORDEAUX DRIVE		3.3 STRE		DORESS)	
CITY-ST-ZIP	PUNTA GORDA FL 33950		3.4. CITY							
TITLE	T	☐ DELETE	4.1 TITLE	E		<u> </u>		Change	Addition	
NAME	MCDONALD, RICK		4. 2 NAM	Æ					1	
STREET ADDRESS	1443 MOHAWK DR		4.3 STR				•			
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	☐ DELETE	4.4 CITY		ZIP -			Change	☐ Addition	
TITLE		וין מבובוב	5.1 TITLE 5.2 NAM					T cuanãe		
NAME STREET ADDRESS			5.3 STRE		DDRESS					
CITY-ST-ZIP			5.4 CITY							
TITLE		☐ DELETE	6.1 TITL	E		<u></u>		Change	Addition	
NAME			6.2 NAM	E						
STREET ADDRESS			6.3 STRE	EET AI	DORESS					
CITY-ST-ZIP			6.4 CITY	-ST-2	ZIP				}	

14. 1 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Y

RE RECOURTEROSE

(941)639-5433