

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10325

FILED
Apr 29, 2005
Secretary of State

Entity Name: GULF COVE UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

1100 MCCALL RD
PT CHARLOTTE, FL 33981 US

New Principal Place of Business:

Current Mailing Address:

1100 MCCALL RD
PT CHARLOTTE, FL 33981 US

New Mailing Address:

FEI Number: 59-2450154 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BOBBY, MILLER
4227 SPIRE STREET
PORT CHARLOTTE, FL 33981 US

Name and Address of New Registered Agent:

BRYAN, STEWART
3327 OSPREY LANE
PORT CHARLOTTE, FL 33953 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: BRYAN STEWART

04/29/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: GERRI, MCCARTHY
Address: 5379 EVEREST TERRACE
City-St-Zip: PORT CHARLOTTE, FL 33981 US

Title: S () Delete
Name: JOE, BENNETT
Address: 8332 CREEKVIEW LANE
City-St-Zip: ENGLEWOOD, FL 34224

Title: T () Delete
Name: ART, GAROFALO
Address: 4192 HOLBEIN STREET
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: T () Delete
Name: RACHAEL, MCINTYRE
Address: 1109 VICTORIA AVE.
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: T () Delete
Name: GERDA, SHREVE
Address: 13591 MARTHA AVE.
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: T () Delete
Name: FRANCINE, POMPONI
Address: 6400 THORMAN ROAD
City-St-Zip: PORT CHARLOTTE, FL 33981

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: ART, GARAFALO
Address: 4192 HOBEIN STREET
City-St-Zip: PORT CHARLOTTE, FL 33981 US

Title: S (X) Change () Addition
Name: FRANCINE, POMPONI
Address: 6400 THORMAN ROAD
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: T (X) Change () Addition
Name: BLAIR, MCVETY
Address: 1181 CHESHIRE STREET
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: T (X) Change () Addition
Name: TOM, EISELE
Address: 13349 BALLON AVE
City-St-Zip: PORT CHARLOTTE, FL 33981

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

Title: T (X) Change () Addition
Name: CAROL, OVERHOLT
Address: 31 SPORTSMAN PLACE
City-St-Zip: ROTONDA WEST, FL 33947

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: BRYAN STEWART

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date