

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10325

FILED
Mar 01, 2007
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:

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

Name and Address of New Registered Agent:

EISELE, TOM
13349 BALLON AVE
PORT CHARLOTTE, FL 33981 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: TOM EISELS

03/01/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: OVERHOLT, CAROL
Address: 31 SPORTSMAN PLACE
City-St-Zip: ROTONDA WEST, FL 33947 US

Title: S () Delete
Name: ANDREWS, JERRY
Address: 10390 REIMS AVE.
City-St-Zip: ENGLEWOOD, FL 34224

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

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

Title: T () Delete
Name: GARAFOLO, BARBARA
Address: 4192 HOBEIN STREET
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: V () Delete
Name: PORTER, MARK
Address: 14244 RIVERBEACH DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TR (X) Change () Addition
Name: JUDD, BOB
Address: 243 FAIRWAY ROAD
City-St-Zip: ROTONDA WEST, FL 33947 US

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

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

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

Title: TR (X) Change () Addition
Name: GARAFOLO, BARBARA
Address: 4192 HOBEIN STREET
City-St-Zip: PORT CHARLOTTE, FL 33981

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 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: TOM EISELE

P

03/01/2007

Electronic Signature of Signing Officer or Director

Date