## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

**PUNTA GORDA FL 33950** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N18954

(0)

FIRST PRESBYTERIAN CHURCH OF PUNTA GORDA, FLORID A. INC.

A. INC. Principal Place of Business Mailing Address 115 HARVEY ST 115 HARVEY ST 3. Date Incorporated or Qualified **PUNTA GORDA FL 33950 PUNTA GORDA FL 33950** 01/27/1987 4. FEI Number Applied For 59-2399223 Not Applicable 2. Principal Place of Business 2a. Malling Address \$8.75 Additional 5. Certificate of Status Desired 21 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 28 Yes XX No Country Country 8. This corporation owes or has paid the current year Intangible 24 25 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name HOFFMAN, GEORGE 82 Street Address (P.O. Box Number is Not Acceptable) 3500 DIPPER COURT

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of Section 617.0503. Florida Statutes

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City

| office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. |                           |          |   |                      |           |               |
|---|---------------------------|----------|---|----------------------|-----------|---------------|
| SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algorature regulated when reinstaling).  DATE  |                           |          |   |                      |           |               |
| 12.   |                           |          | Registered Agent signature required when reinstating)  13. ADDITIONS/CHANGES TO OFF |                      | DATE      |               |
| TITLE   | VD                        | V DELETE | 1.1 TITLE   | VD                   | Change    | X Addition    |
| NAME  | VANDOOREN, JAMES          | ₩.       | 1.2 NAME  |                      |           | CALL THOUSAND |
| STREET ADDRESS  | 2040 DEBORAH DRIVE        |          | 1.3 STREET ADDRESS  | Christen, Joan       |           |               |
| CITY-ST-ZIP   | PUNTA GORDA FL            |          | 1.4 City - St - 2iP   | 920 Lucia Drive      |           |               |
| TITLE   | D                         | DELETE   | 2.1 TITLE   | Punta Gorda FL 33950 | Change    | Sel Addition  |
| NAME  | BRANDT, ROBERT            |          | 2.2 NAME  | OlDajon Managarita   | C Cuanço  | X Addition    |
| STREET ADDRESS  | 506 RIO DE JANEIRO AVE    |          | 2.3 STREET ADDRESS  | 0'Brien, Marguerite  |           |               |
| CITY-ST-ZIP   | PUNTA GORDA FL            |          |   | 3835 Bordeaux Drive  |           |               |
| TITLE   | SD SD                     | DELETE   | 2.4 CITY-ST-ZIP<br>3.1 TITLE  | Punta Gorda FL 33950 | Change    | Til Assistan  |
| NAME  |                           | - Detric |   | D                    | ( Change  | Addition      |
|   | HOFFMAN, GEORGE           |          | 32 NAME   | Pfaender, Rachel     |           |               |
| STREET ADDRESS  | 3500 DIPPER               |          | 33 STREET ADDRESS   | 1223 Santana Court   |           |               |
| CITY-ST-ZIP<br>TITLE  | PUNTA GORDA FL            | Documen  | 3.4. CITY-SY-ZIP  | Punta Gorda FL 33950 |           | F-71          |
|   | I CHARLES THE C           | ☐ DELETE | 4.1 TITLE   | [D                   | L_ Change | Addition      |
| NAME  | SHORE, RUTH G             |          | 4. 2 NAME   | Sisson, Melvin       | •         |               |
| STREET ADDRESS  | 528 VIA CINTIA            |          | 4.3 STREET ADDRESS  | 317 Campinas Street  |           |               |
| CITY-ST-ZIP   | PUNTA GORDA FL            |          | 4.4 CITY-ST-ZIP   | Punta Gorda FL 33983 |           |               |
| TITLE   | D                         | ☐ DELETE | 5.1 TITLE   | PD                   | X Change  | ☐ Addition    |
| NAME  | FISCHER, EARL             |          | 5.2 NAME  |                      |           | Ī             |
| STREET ADDRESS  | 9337 MACEVER STREET       |          | 5.3 STREET ADDRESS  |                      |           |               |
| CITY-ST-ZIP   | PUNTA GORDA FL            |          | 5.4 CITY-ST-ZIP   |                      |           | Ì             |
| TITLE   | D                         | ☐ DELETE | 6.1 TITLE   | D                    | ☐ Change  | X Addition    |
| NAME  | RESS, MARILYN             |          | 6.2 NAME  | Unrau, Gladwin       |           |               |
| STREET ADDRESS  | 10024 SW RIVERVIEW CIRCLE |          | 6.3 STREET ADDRESS  | 26036 Luzon Court    |           | 1             |
| CITY-ST-ZIP   | ARCADIA FL                |          | 6.4 CITY-ST-ZIP   | Punta Gorda Fi 33983 |           |               |

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(ii). 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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 13 if changed, or on any attachment) with an address.

SIGNATURE: ( SWILL SWI) E RI

Uld Jan E Ruth Shore, Treasurer

April 20, 1998

(941) 639-1959

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Zip Code

**FILED** 

Apr 28 1998 8:00am

Secretary of State

CR2E037 (10/97)

## FIRST PRESBYTERIAN CHURCH

115 HARVEY STREET PUNTA GORDA, FL 88950

TELEPHONE (941) 639-1959 FAX (941) 637-8763

## REV. ROBERT A. SAMS, PASTOR

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**DIRECTORS** 

D Fuller, William 3863 Cape Cole Boulevard Punta Gorda FL 33955

D Wilkinson, Richard 26030 Tattersal Lane Port Charlotte FL 33983

D Meissner, Claus 1250 W. Marion Ave-Unit 131 Punta Gorda FL 33950