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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N18954

1. Corporation Name

**FIRST PRESBYTERIAN CHURCH OF PUNTA GORDA, FLORIDA
 A, INC.**

Principal Place of Business

115 HARVEY ST
 PUNTA GORDA FL 33950

Mailing Address

115 HARVEY ST
 PUNTA GORDA FL 33950



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/27/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2399223	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country		
24		29		30	

9. Name and Address of Current Registered Agent

HOFFMAN, GEORGE
 3500 DIPPER COURT
 PUNTA GORDA FL 33950

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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. 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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTEN, JOAN	1.2 NAME	FULLER, WILLIAM
STREET ADDRESS	920 LUCIA DR	1.3 STREET ADDRESS	3863 CAPE COLE BLVD
CITY-ST-ZIP	PUNTA GORDA FL 33950	1.4 CITY-ST-ZIP	PUNTA GORDA FL 33955
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRANDT, ROBERT	2.2 NAME	PFAENDER, RACHEL
STREET ADDRESS	508 RIO DE JANEIRO AVE	2.3 STREET ADDRESS	1223 SANTANA COURT
CITY-ST-ZIP	PUNTA GORDA FL	2.4 CITY-ST-ZIP	PUNTA GORDA FL 33950
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOFFMAN, GEORGE	3.2 NAME	SISSON, MELVIN
STREET ADDRESS	3500 DIPPER	3.3 STREET ADDRESS	317 CAMPINAS STREET
CITY-ST-ZIP	PUNTA GORDA FL 33950	3.4 CITY-ST-ZIP	PUNTA GORDA FL 33983
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHORE, RUTH G	4.2 NAME	
STREET ADDRESS	526 VIA CINTIA	4.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL 33950	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FISCHER, EARL	5.2 NAME	WILKINSON, RICHARD
STREET ADDRESS	9337 MACEVER STREET	5.3 STREET ADDRESS	26030 TATTERSALL LANE
CITY-ST-ZIP	PUNTA GORDA FL	5.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33983
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RESS, MARILYN	6.2 NAME	MEISSNER, CLAUS
STREET ADDRESS	10024 SW RIVERVIEW CIRCLE	6.3 STREET ADDRESS	1250 W. MARION AVE-UNIT 131
CITY-ST-ZIP	ARCADIA FL	6.4 CITY-ST-ZIP	PUNTA GORDA FL 33950

14. I 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: *[Signature]* Ruth G. Shore
 Treasurer

4/12/99

941-639-1959

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

FIRST PRESBYTERIAN CHURCH

115 HARVEY STREET
PUNTA GORDA, FL 33950

TELEPHONE (941) 639-1959
FAX (941) 637-3763

N18954
389812-90158-37

REV. ROBERT A. SAMS, PASTOR

PAGE 2. DIRECTORS

D
BOTTICELLI, PHYLLIS
543 MADRID BLVD.
PUNTA GORDA FL 33950

D
O'BRIEN, MARGUERITE
3835 BORDEAUX DRIVE
PUNTA GORDA FL 33950

D
TRUBY, JOHN
935 LASSINO CT.
PUNTA GORDA, FL 33950

D
UNRAU, GLADWIN.
26036 LUZON CT.
PUNTA GORDA FL 33983

D
CHRISTEN, JOAN
920 LUCIA DRIVE
PUNTA GORDA FL 33950