

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 02, 2009  
Secretary of State**

DOCUMENT# N18954

**Entity Name:** FIRST PRESBYTERIAN CHURCH OF PUNTA GORDA, FLORIDA, INC.

**Current Principal Place of Business:**

25250 AIRPORT ROAD  
PUNTA GORDA, FL 33950

**New Principal Place of Business:**

**Current Mailing Address:**

25250 AIRPORT ROAD  
PUNTA GORDA, FL 33950

**New Mailing Address:**

**FEI Number:** 59-2399223      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

THORNTON, GAIL  
6400 TAYLOR ROAD  
# 93  
PUNTA GORDA, FL 339509315 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: SD ( ) Delete  
Name: THORNTON, GAIL  
Address: 6400 TAYLOR ROAD #93  
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: T ( ) Delete  
Name: SHORE, FRANK  
Address: 526 VIA CINTIA  
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: PD ( ) Delete  
Name: JULIUS, GERARD  
Address: 4730 ALMAR DR  
City-St-Zip: PUNTA GORDA, FL 33950 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: T (X) Change ( ) Addition  
Name: CHERNY, JOSEPH  
Address: 5601 DUCAN RD. #169  
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: PD (X) Change ( ) Addition  
Name: O'BRIEN, MARGUERITE  
Address: 3835 BORDEAUX DR.  
City-St-Zip: PUNTA GORDA, FL 33950 US

I hereby certify that the information supplied with this filing does not qualify 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: GAIL THORNTON

SD

04/02/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date