


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90174 049 ****61.25

DOCUMENT # N18954

1. Entity Name
FIRST PRESBYTERIAN CHURCH OF PUNTA GORDA, FLORID A, INC.



Principal Place of Business Mailing Address

**115 HARVEY ST
PUNTA GORDA FL 33950** **115 HARVEY ST
PUNTA GORDA FL 33950**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2399223** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**UNRAU, GLADWIN O
26036 LUZON COURT
PUNTA GORDA FL 33983-2620**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TVD	<input type="checkbox"/> Delete
NAME	FALKENBERG, BETTY L	
STREET ADDRESS	PO BOX 512693	
CITY-ST-ZIP	PUNTA GORDA FL 33951-2693	
TITLE	D	<input type="checkbox"/> Delete
NAME	KVAM, CAROLYN	
STREET ADDRESS	1235 MACAW COURT	
CITY-ST-ZIP	PUNTA GORDA FL 33950-7641	
TITLE	SD	<input type="checkbox"/> Delete
NAME	UNRAU, GLADWIN	
STREET ADDRESS	26036 LUZON COURT	
CITY-ST-ZIP	PUNTA GORDA FL 33983-2620	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HOMER, LICHTENWALTER JR	
STREET ADDRESS	240 LEWIS CIRCLE #211	
CITY-ST-ZIP	PUNTA GORDA FL 33950-5255	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROX, CHARLES JR	
STREET ADDRESS	149 CRESCENT DRIVE	
CITY-ST-ZIP	PUNTA GORDA FL 33950-5112	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BARRETT, RODERIC	
STREET ADDRESS	2713 ST. THOMAS DRIVE	
CITY-ST-ZIP	PUNTA GORDA FL 33950-6367	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALKENBERG, BETTY L.	
STREET ADDRESS	26434 BARBINOS DR., POBOX 512693	
CITY-ST-ZIP	PUNTA GORDA, FL 33951-2693	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHORE, FRANK	
STREET ADDRESS	526 VIA CINTIA	
CITY-ST-ZIP	PUNTA GORDA, FL 33950-5253	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MELVIN SISSON	
STREET ADDRESS	317 CAMPINAS STREET	
CITY-ST-ZIP	PUNTA GORDA, FL 33983-5516	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *Betty L. Falkenberg* **SIGNATURE REQUIRED** Betty L. Falkenberg Feb. 14, 2002 (941) 766-9487

CR2E037 (10/02)