

FILE NOW: FILING FEE IS \$61.25

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Mar 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N92000000543 (0)**

1. Corporation Name

**PUNTA GORDA OPEN BIBLE CHURCH INC.**



Principal Place of Business	Mailing Address
5881 SHALIMAR DRIVE 5400 ALMAR DRIVE PUNTA GORDA FL 33950 US	% RALPH A. MICALIZZI 5400 ALMAR DRIVE PUNTA GORDA FL 33950-8705

3. Date Incorporated or Qualified <b>12/01/1992</b>	3a. Date of Last Report <b>03/14/1996</b>
4. FEI Number <b>65-0373593</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MICALIZZI, RALPH A**  
**5400 ALMAR DRIVE**  
**PUNTA GORDA FL 33950**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MERONE, JOSEPH</b>	1.2 NAME	
STREET ADDRESS	<b>10046 SW RIVERVIEW CIR</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ARCADIA FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURTON, ROBERT</b>	2.2 NAME	
STREET ADDRESS	<b>9059 GEWANT BLVD.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CHARLOTTE RANCHETTES FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARR, STEVEN</b>	3.2 NAME	
STREET ADDRESS	<b>25486 AVILLAS COURT</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PUNTA GORDA FL 33919</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MICALIZZI, RALPH A JR</b>	4.2 NAME	<b>MICALIZZI MARK A.</b>
STREET ADDRESS	<b>3325 W 14TH ST</b>	4.3 STREET ADDRESS	<b>7660 DRACENA ST.</b>
CITY - ST - ZIP	<b>LEHIGH ACRES FL</b>	4.4 CITY - ST - ZIP	<b>PUNTA GORDA FL. 33955</b>
TITLE	<b>C</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MICALIZZI, RALPH A</b>	5.2 NAME	
STREET ADDRESS	<b>5400 ALMAR DRIVE</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PUNTA GORDA FL</b>	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE: *Ralph A. Micalizzi* 3/14/97 575-2868  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0067533

CR2E037 (9/96)