

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90037 046 ****70.00

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1. Corporation Name

PUNTA GORDA OPEN BIBLE CHURCH INC.

Principal Place of Business

5881 SHALIMAR DRIVE
5400 ALMAR DRIVE
PUNTA GORDA FL 33950
US

Mailing Address

% RALPH A. MICALIZZI
5400 ALMAR DRIVE
PUNTA GORDA FL 33950



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

12/01/1992

4. FEI Number

65-0373593

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

MICALIZZI, RALPH A
5400 ALMAR DRIVE
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

FL

85 Zip Code

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

TITLE D ☐ DELETE

NAME MERONE, JOSEPH
STREET ADDRESS 10046 SW RIVERVIEW CIR
CITY-ST-ZIP ARCADIA FL

TITLE D ☐ DELETE

NAME BURTON, ROBERT
STREET ADDRESS 9059 GEWANT BLVD.
CITY-ST-ZIP CHARLOTTE RANCHETTES FL

TITLE D ☐ DELETE

NAME CARR, STEVEN
STREET ADDRESS 25486 AVILLAS COURT
CITY-ST-ZIP PUNTA GORDA FL 33919

TITLE D ☐ DELETE

NAME MICALIZZI, MARK A.
STREET ADDRESS 7560 DRACENA ST.
CITY-ST-ZIP PUNTA GORDA FL

TITLE C ☐ DELETE

NAME MICALIZZI, RALPH A
STREET ADDRESS 5400 ALMAR DRIVE
CITY-ST-ZIP PUNTA GORDA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

BUMBLOW THOMAS
1102 RUM CAY COURT
PUNTA GORDA FL. 33950
D

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:

Ralph A. Micalizzi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99

941-575-2868

Date

Daytime Phone #

CR2E037 (11/98)