


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90272 009 ****61.25

DOCUMENT # N93000001659 *Please change name to*

1. Entity Name *PUNTA GORDA*
 EAST MARION AVENUE, CHURCH OF CHRIST, INC.



Principal Place of Business: 2300 TAYLOR RD, FORT MYERS BEACH FL 33931
 Mailing Address: P.O. BOX 511069, PUNTA GORDA FL 33951

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
 City & State: _____

Zip: _____ Country: _____
 Zip: _____ Country: _____

copy of original



MOORE CR2E037 (11/03)

4. FEI Number: **NO-T APPLICABLE** Applied For: Not Applicable:

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

6. Name and Address of Current Registered Agent: MEADOWS, VERNON, 353 EAST MARION AVE, PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent: Name: Meadows, Vernon; Street Address: 26148 Glasgow Ave; City: Punta Gorda, FL; Zip Code: 33950

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: *Vernon Meadows* DATE: *4/26/04*

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

FILE NOW: FEE IS \$61.25. Due By May 1, 2004

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEADOWS, VERNON 26148 GLASGOW AVE PUNTA GORDA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEADOWS, GARY 26148 GLAGOW AVE PUNTA GORAD FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CARMICHAEL, HAROLD 4158 TAMIAM! TRAIL PORT CHARLOTTE FL 33952 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRANCH, JOHN PAUL 127 SE 20TH ST CAPE CORAL FL 33990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 equipment.

SIGNATURE: *Vernon Meadows* DATE: *4/26/04* 941-505-2368


Attachment

54043537

ANNUAL REPORT (AR)

DOCUMENT # **N93000001659** *please change name to*

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MOORE CR2E037 (11/03)

4. FEI Number: **NO-T APPLICABLE**

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

6. Name and Address of Current Registered Agent

MEADOWS, VERNON
PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent

Name: **VERNON MEADOWS**

Street Address (P.O. Box Number is Not Acceptable): **26148 GLASGOW AVE**

City: **PUNTA GORDA** FL Zip Code: **33950**

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: *Vernon E Meadows* 4/26/04

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SIGNATURE: *Vernon E Meadows* 4/26/04 941/505-2368

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #