## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N98000002501

FILED Jan 13, 2005 Secretary of State

Entity Name: PALM COAST COMMUNITY CHURCH OF SOUTHWEST FLORIDA, INC.

Name and Address of Current Registered Agent:  BROGAN, MICHAEL W BAT SE 18TH AVE CAPE CORAL, FL 33990 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, in the State of Florida.  BIGNATURE:  Electronic Signature of Registered Agent  Date						
FORT MYERS, FL 33907  Current Mailing Address:  New Mailing Address:  12995 S CLEVELAND AVE 105 FORT MYERS, FL 33907  FEI Number: 65-0838612  FEI Number Applied For ()  FEI Number Not Applicable ()  Certificate of Status Desire  Name and Address of Current Registered Agent:  Name and Address of New Registered Agent:  SROGAN, MICHAEL W 317 SE 18TH AVE CAPE CORAL, FL 33990  US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, in the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  Date  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIF  Title:  PD () Delete  Name:  Address:  City-St-Zip:  CAPE CORAL, FL 33990  City-St-Zip:  Title: () Change () Addition  Name:  Address:  City-St-Zip:  CAPE CORAL, FL 33909  City-St-Zip:  Title: () Change () Addition  Name:  Address:  City-St-Zip:  CAPE CORAL, FL 33909  City-St-Zip:  Title: () Change () Addition  Name:  Address:  City-St-Zip:  CAPE CORAL, FL 33909  City-St-Zip:  Title: () Change () Addition  Name:  Address:  City-St-Zip:  Title: () Change () Addition  Name:  Address:  City-St-Zip:  Title: () Change () Addition  Name:  KUNKEL, CAROL  Name:  KUNKEL, CAROL	Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
Current Mailing Address:  12995 S CLEVELAND AVE FORT MYERS, FL 33907  FEI Number: 65-0838612  FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desire Name and Address of Current Registered Agent:  Name and Address of New Registered Agent:  Name and Address of New Registered Agent:  RROGAN, MICHAEL W BATT SE 18TH AVE CAPE CORAL, FL 33990  US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, in the State of Florida.  SIGNATURE:    Electronic Signature of Registered Agent   Date  DEFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIF  Title: PD ( ) Delete Name: PD ( ) Delete Name: City-St-Zip: CAPE CORAL, FL 33990  City-St-Zip: Title: VD ( ) Delete Name: Address: City-St-Zip: CAPE CORAL, FL 33900  City-St-Zip: Title: Title				105	105	
12995 S CLEVELAND AVE FORT MYERS, FL 33907  FEI Number: 65-0838612 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desire:  Name and Address of Current Registered Agent:  Name and Address of New Registered Agent:  SROGAN, MICHAEL W 317 SE 18TH AVE CAPE CORAL, FL 33990 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, in the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  Date  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIF  Title: PD ( ) Delete Title: ( ) Change ( ) Addition Name: Address: 317 SE 18 AVE Address: City-St-Zip:  Title: VD ( ) Delete Title: ( ) Change ( ) Addition Name: Address: 1409 NE 9 TERRACE  City-St-Zip: CAPE CORAL, FL 33909  City-St-Zip: Title: STD ( ) Delete Title: ( ) Change ( ) Addition Name: Address: City-St-Zip: Title: ( ) CAPE CORAL, FL 33909  City-St-Zip: Title: STD ( ) Delete Title: ( ) Change ( ) Addition Name: Marme: STD ( ) Delete Title: ( ) Change ( ) Addition Name: Marme: STD ( ) Delete Title: ( ) Change ( ) Addition Name: Marme: STD ( ) Delete Title: ( ) Change ( ) Addition Name: Marme: STD ( ) Delete Title: ( ) Change ( ) Addition Name: Marme: STD ( ) Delete Title: ( ) Change ( ) Addition Name: Marme: STD ( ) Delete Title: ( ) Change ( ) Addition Name: Marme: STD ( ) Delete Title: ( ) Change ( ) Addition Name: Marme: STD ( ) Delete Name: S				FORT MYERS, FL	33907	
FEI Number: 65-0838612 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desire.  Name and Address of Current Registered Agent:  Name and Address of New Registered Agent:  SIROGAN, MICHAEL W 317 SE 18TH AVE CAPE CORAL, FL 33990 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, in the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  Date  DIFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:  Address: 317 SE 18 AVE Address: City-St-Zip:  City-St-Zip: CAPE CORAL, FL 33990  City-St-Zip: CAPE CORAL, FL 33990  City-St-Zip: CAPE CORAL, FL 33990  City-St-Zip: CAPE CORAL, FL 33909  City-St-Zip: CAPE	Current Mailing Address:			New Mailing Addr	New Mailing Address:	
FEI Number: 65-0838612 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desire:  Name and Address of Current Registered Agent:  SROGAN, MICHAEL W B17 SE 18TH AVE CAPE CORAL, FL 33990 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, in the State of Florida.  SIGNATURE:    Electronic Signature of Registered Agent   Date    Date				105	105	
GROGAN, MICHAEL W B17 SE 18TH AVE CAPE CORAL, FL 33990 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, in the State of Florida.  SIGNATURE:    Electronic Signature of Registered Agent   Date	El Number:	: 65-0838612	FEI Number Applied For()	,		
The above named entity submits this statement for the purpose of changing its registered office or registered agent, in the State of Florida.  SIGNATURE:    Electronic Signature of Registered Agent   Date	Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
n the State of Florida.    SIGNATURE:	317 SE 18	TH AVE	US			
Electronic Signature of Registered Agent  Date  ADDITIONS/CHANGES TO OFFICERS AND DIF  Ditle: PD ( ) Delete Title: ( ) Change ( ) Addition Name: Address: 317 SE 18 AVE Address: City-St-Zip: CAPE CORAL, FL 33990  Ditle: VD ( ) Delete Title: ( ) Change ( ) Addition Name: Address: City-St-Zip: CAPE CORAL, FL 33990  Ditle: VD ( ) Delete Title: ( ) Change ( ) Addition Name: Address: 1409 NE 9 TERRACE Address: City-St-Zip: CAPE CORAL, FL 33909  Ditle: STD ( ) Delete Title: ( ) Change ( ) Addition Name: Name: KUNKEL, CAROL  Dity-St-Zip: Change ( ) Addition Name: Name: Name: ( ) Change ( ) Addition Name: Name: Name: ( ) Change ( ) Addition Na			submits this statement for the p	purpose of changing its registe	ered office or registered agent, or both,	
ADDITIONS/CHANGES TO OFFICERS AND DIFFICERS	SIGNATUR					
Fitle: PD () Delete Title: () Change () Addition Name: Address: 317 SE 18 AVE Address: City-St-Zip: CAPE CORAL, FL 33990 City-St-Zip:  Fitle: VD () Delete Title: () Change () Addition Name: Address: City-St-Zip: CAPE CORAL, FL 33990 City-St-Zip: Change () Change () Addition Name: Address: 1409 NE 9 TERRACE Address: City-St-Zip: CAPE CORAL, FL 33909 City-St-Zip: CAPE CORAL, FL 33909 City-St-Zip: Change () Change () Addition Name: KUNKEL, CAROL Name: KUNKEL, CAROL		Electroni	ic Signature of Registered Age	ent	Date	
Name:         GROGAN, MICHAEL W         Name:         Address:         Address:         City-St-Zip:	OFFICERS AND DIRECTORS:			ADDITIONS/CHAP	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Name:         GRIEP, RICHARD         Name:           Address:         1409 NE 9 TERRACE         Address:           City-St-Zip:         CAPE CORAL, FL 33909         City-St-Zip:           Citle:         STD () Delete         Title: () Change () Addition           Name:         KUNKEL, CAROL         Name:	Name: Nddress:	GROGAN, MÌCH 317 SE 18 AVE	IAEL W	Name: Address:	() Change () Addition	
Name: KUNKEL, CAROL Name:	Name: Nddress:	GRIEP, RICHAR 1409 NE 9 TERI	RD RACE	Name: Address:	( ) Change ( ) Addition	
City-St-Zip: FT MYERS, FL 33908 City-St-Zip:	Name: Nddress:	KUNKEL, CARÓ 6604 DANIEL C	oL T	Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL W. GROGAN PD 01/13/2005