

# 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.

**Current Principal Place of Business:**

12995 S CLEVELAND AVE  
FORT MYERS, FL 33907

**New Principal Place of Business:**

12995 S CLEVELAND AVE  
105  
FORT MYERS, FL 33907

**Current Mailing Address:**

12995 S CLEVELAND AVE  
FORT MYERS, FL 33907

**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 Desired ( )

**Name and Address of Current Registered Agent:**

GROGAN, MICHAEL W  
317 SE 18TH AVE  
CAPE CORAL, FL 33990 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GROGAN, MICHAEL W  
Address: 317 SE 18 AVE  
City-St-Zip: CAPE CORAL, FL 33990

Title: VD ( ) Delete  
Name: GRIEP, RICHARD  
Address: 1409 NE 9 TERRACE  
City-St-Zip: CAPE CORAL, FL 33909

Title: STD ( ) Delete  
Name: KUNKEL, CAROL  
Address: 6604 DANIEL CT  
City-St-Zip: FT MYERS, FL 33908

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date