

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State
 02-21-2002 90036 002 ****61.25

DOCUMENT # N99000007055

1. Entity Name

**PUNTA GORDA CHRISTIAN ASSEMBLY OF CHARLOTTE COUN
 TY, INC.**

Principal Place of Business

**222 BROWN ST.
 PUNTA GORDA FL 33950**

Mailing Address

**21332 WALLING CT
 PORT CHARLOTTE FL 33954**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0977656

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LUGINES, OVIDIO A
 21332 WALLING CT.
 PORT CHARLOTTE FL 33954**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **STURGEON, DAVE**
 STREET ADDRESS **4445 SHADY LN.**
 CITY-ST-ZIP **CHARLOTTE HARBOR FL 33980**

TITLE **DP** ☐ Delete
 NAME **FULKERSON, JOHN**
 STREET ADDRESS **2002 COUNTRY CLUB BLVD.**
 CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE **DV** ☐ Delete
 NAME **PERISHO, DAVE**
 STREET ADDRESS **1640 MONTE ST.**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **DST** ☐ Delete
 NAME **LUGONES, OVIDIO A**
 STREET ADDRESS **21332 WALLING CT.**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33954**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 empowered.

SIGNATURE:

Ovidio A. Lugones
OVIDIO A. LUGONES

02/05/02
 Date

94-625-2144
 Daytime Phone #

CR2E037 (9/01)