

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90134 022 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **DV** ☒ Change ☒ Addition
NAME **RAWLSTON HAREWOOD**
STREET ADDRESS **23250 DELEVAN AVE**
CITY-ST-ZIP **PORT CHARLOTTE, FL. 33954**

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

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

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

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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** 03/18/03 (941)625-2144

CR2E037 (10/02)