FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 723019 (6)

1. Corporation Name

NORTH PORT COMMUNITY UNITED CHURCH OF CHRIST, IN C.

700001754307
03/22/96--01091--024
**61.25

Principal Place of Business	Mailing Address
3450 SO. BISCAYNE DRIVE. PO BOX 7221 NORTH PORT FL 34287	3450 SO. BISCAYNE DRIVE. PO BOX 7221 NORTH PORT FL 34287

3. Date Incorporated or Qualified: 03/29/1972
3a. Date of Last Report: 04/27/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: 59-1418559 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MORSE, SHIRLEY
8423 HERBISON
NORTH PORT FL 34287

10. Name and Address of New Registered Agent

81 Name: Mary E. Williams
82 Street Address (P.O. Box Number is Not Acceptable): 6690 Electra
83
84 City: North Port, FL 85 Zip Code: 34287

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Mary E. Williams — DATE: 2/15/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MORSE, SHIRLEY 8423 HERBISON NORTH PORT FL	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	Chairman of Council MARY WILLIAMS 6690 Electra North Port, FL 34287	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD GLENN SMITH 8716 ALAM AVE. NORTH PORT FL	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	Vice-Chairman JEAN MOOERS 809 Villa DelSol North Port, FL 34287	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ALLEN, EVELYN 4256 POCATELLA AVE NORTH PORT FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	Treasurer EVELYN ALLEN 4256 Pocatella Ave North Port, FL 34287	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WILLIAMS, MARY 6690 ELECTRA AVE NORTH PORT FL	☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	Secretary NANCY SCHAVE 322 Trailorama North Port, FL 34287	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SALO, SANDY 3962 WARRIOR AVE NORTH PORT FL	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	T LAUGHLIN, HARVEY 4471 LULLABY RD NORTH PORT FL	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOFFMAN, ROBERT 16 BRIDGE ST ENGLEWOOD FL 34223	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	T MOOERS, WM 809 VILLA DEL SOL NORTH PORT, FL	☐ Change ☒ Addition MM 3-21-96

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Mary E. Williams — 2/15/1996 — 941-426-6167
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #