## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION **ANNUAL REPORT** 

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

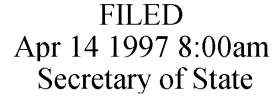
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NORTH PORT COMMUNITY UNITED CHURCH OF CHRIST, IN





Principal Place of Business		Mailing Address			· · · · · · · · · · · · · · · · · · ·		
3450 SO. BISCAYNE DRIVE.		3450 SO. BISCAYNE DRIVE.			•		
PO BOX 7221	F4 64003	PO BOX 7221 NORTH PORT FL 34287-0221					
NORTH PORT	FL 3426/	NORTH PORT FL 3428/40221			3. Date Incorporated or Qualified 03/29/1972	3a. Date of Last   03/21/1	Report <b>996</b>
2. Principal P	Place of Business	2a. Mailing Address			4. FELNumber	<del></del>	pplied For
21	. A second of the second of th	26			59-1418559	<u></u>	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				<del></del>		60.75	Additional
22 27					5. Certificate of Status Desired	7 7 7 7 7	Radillonal
Clty & State City & State					6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution		to Fees
Žiβ	Country '	Zip	Country	y . —	8. This corporation has liability for		
24	25	29 30	1			] Yes □ No	
	9. Name and Address of Current	Registered Agent	<del>'</del>		10. Name and Address of New Re	gistered Agent	
			81	Name			
WILLIAN	AS, MARY E		82	Ctroot	Address (D.O. Bay Number is Not Assessed	Ja)	
6690KRECKRA 2184 Brubeck			62	82 Street Address (P.O. Box Number is Not Acceptable)			
	PORT FL 34287		83	ļ			
ĺ			84	City		FL 85 Zip	Code
11 Purcuant	to the provisions of Continue 617 0502	and 617 1609 Florida Statutos	the above	n namod	corporation submits this statement for the p		ita ragiotarad
office of r	registered agent, or both, in the State of	of Florida, Such change was auth	orized b	y the cor	corporation submits this statement for the pooration's board of directors. I hereby accep	of the appointment as	registered
agent. I a	im familiar with, and accept the obligat	ions of, Section 617.0503, Florida	a Statute	S.			- [
SIGNATURE	Signature, typed or printed name of registered agent	and little if applicable (NOTE Re	gistered Ag	ent signature	required when reinstaling)	DATE	<del>-</del>
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	RS IN 12
TITLE	Č	DELETE	1.1 TITLE		С	X Change	☐ Addition
NAME	WILLIAMS, MARY		1.2 NAME		Williams, Mary		
STREET ADDRESS	6690 ELECTRA		1.3 STREET	ADDRESS			l
CITY-ST-ZIP	NORTH PORT FL 34287		1.4 O(TY - S		2184 Brubeck North Port, FL 34287	;	l
TITLE	VC	DELETE	2.1 TITLE		VC/D	Change	Addition
NAME	MOOERS, JEAN		2.2 NAME			240	
STREET ADDRESS	609 VILLA DELSOL		23 STREET	2949UUN I	McKean, John		
CITY-ST-ZIP	NORTH PORT FL 34287		2. 4 CITY-		1130 Ludlow Avenue	>t:: \	
TITLE	TD	DELETE	3.1 TITLE	OI-ZIF	Port Charlotte, FL 339	953 ☑ Change	Addition
NAME	ALLEN, EVELYN	press.	3.2 NAME		Tr	Change (E.S.	E. HOURION
STREET ADDRESS	4256 POCATELLA AVE		3.3 STREET	Abnotos	Allen, Evelyn		
	NORTH PORT FL				4256 Pocatella Ave.		
CITY-ST-ZIP TITLE	D D	X DELETE	3.4. C(TY-)	SI-2112	North Port, FL 34287	[ ] Change	X Addition
		ישו הנונוג			S/D	∟ ¶ ruange	EN MOUNTAIN
NAME	SALO, SANDY		4. 2 NAME		Schave, Nancy		ļ
STREET ADDRESS	3962 WARRIOR AVE.		4.3 STREET		322 Trailorama Dr.		
CITY-ST-ZIP	NORTH PORT FL		4.4 CHTY-5	37 - ZIP	North Port, FL 34287		
TITLE	D	DELETE	5.1 TITLE		T/D	<b>X</b> Change	Addition
NAME	HOFFMAN, ROBERT	1	5.2 NAME		Hoffman, Robert		
STREET ADDRESS	16 BRIDGE ST.		5.3 STREET	ADDRESS	16 Bridge Street		)
CITY-ST-ZIP	ENGLEWOOD FL 34223		5.4 CITY-S	T-ZIP	Englewood, FL 34223		
TITLE	T	DELETE	6.1 TITLE		FS (Financial Sec.)	Change	26 Addition
NAME	LAUGHLIN, HARVEY	1	6.2 NAME	,			}
STREET ADDRESS	4471 LULLABY RD.	Ì	6.3 STREET	ADDRESS	Fielding, Charline 5148 Palena Blvd.		1
2	NADTH BADT EI		OW OTHER		Morth Port Et 24007		

14. I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath, 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 19 or Block 13 if changed to on an attagment with an address.