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Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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.

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 34287-0221

3. Date Incorporated or Qualified: 03/29/1972
3a. Date of Last Report: 03/21/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
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

WILLIAMS, MARY E
~~6690 ELECTRA~~ 2184 Brubeck
NORTH PORT FL 34287

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE	C	☒ Change ☐ Addition
NAME	WILLIAMS, MARY		1.2 NAME	Williams, Mary	
STREET ADDRESS	6690 ELECTRA		1.3 STREET ADDRESS	2184 Brubeck	
CITY-ST-ZIP	NORTH PORT FL 34287		1.4 CITY-ST-ZIP	North Port, FL 34287	
TITLE	VC	☒ DELETE	2.1 TITLE	VC/D	☐ Change ☒ Addition
NAME	MOOERS, JEAN		2.2 NAME	McKean, John	
STREET ADDRESS	809 VILLA DELSOL		2.3 STREET ADDRESS	1130 Ludlow Avenue	
CITY-ST-ZIP	NORTH PORT FL 34287		2.4 CITY-ST-ZIP	Port Charlotte, FL 33953	
TITLE	TD	☐ DELETE	3.1 TITLE	Tr	☒ Change ☐ Addition
NAME	ALLEN, EVELYN		3.2 NAME	Allen, Evelyn	
STREET ADDRESS	4256 POCATELLA AVE		3.3 STREET ADDRESS	4256 Pocatella Ave.	
CITY-ST-ZIP	NORTH PORT FL		3.4 CITY-ST-ZIP	North Port, FL 34287	
TITLE	D	☒ DELETE	4.1 TITLE	S/D	☐ Change ☒ Addition
NAME	SALO, SANDY		4.2 NAME	Schave, Nancy	
STREET ADDRESS	3962 WARRIOR AVE.		4.3 STREET ADDRESS	322 Trailorama Dr.	
CITY-ST-ZIP	NORTH PORT FL		4.4 CITY-ST-ZIP	North Port, FL 34287	
TITLE	D	☐ DELETE	5.1 TITLE	T/D	☒ Change ☐ Addition
NAME	HOFFMAN, ROBERT		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-ST-ZIP	Englewood, FL 34223	
TITLE	T	☒ DELETE	6.1 TITLE	FS (Financial Sec.)	☐ Change ☒ Addition
NAME	LAUGHLIN, HARVEY		6.2 NAME	Fielding, Charline	
STREET ADDRESS	4471 LULLABY RD.		6.3 STREET ADDRESS	5148 Palena Blvd.	
CITY-ST-ZIP	NORTH PORT FL		6.4 CITY-ST-ZIP	North Port, FL 34287	

CR2E037 (9/96)

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 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 _____ 4/14/97