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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 723019

1. Corporation Name

NORTH PORT COMMUNITY UNITED CHURCH OF CHRIST, IN
C.

Principal Place of Business

3450 SO. BISCAYNE DRIVE.
PO BOX 7221
NORTH PORT FL 34287

Mailing Address

3450 SO. BISCAYNE DRIVE.
PO BOX 7221
NORTH PORT FL 34287



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/29/1972

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1418559

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILLIAMS, MARY E
6690 ELECTRA
NORTH PORT FL 34287

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE C
NAME WILLIAMS, MARY
STREET ADDRESS 2184 BRUBECK
CITY-ST-ZIP NORTH PORT FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

TITLE VCD
NAME MCKEAN, JOHN
STREET ADDRESS 1130 LUDLOW AVE
CITY-ST-ZIP PORT CHARLOTTE FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE T
NAME ALLEN, EVELYN
STREET ADDRESS 4256 POCAATELLA AVE
CITY-ST-ZIP NORTH PORT FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE SD
NAME SCHAVE, NANCY
STREET ADDRESS 322 TRAILORAMA DR
CITY-ST-ZIP NORTH PORT FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE TD
NAME BENTLEY, RAYMOND
STREET ADDRESS 806 VILLA DEL SOL
CITY-ST-ZIP NORTH PORT FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE FS
NAME FIELDING, CHARLINE
STREET ADDRESS 5148 PALENA BLVD
CITY-ST-ZIP NORTH PORT FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/12/99

941-423-2629

CR2E037 (1/98)