2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State
02-28-2002 90016 034 ****61.25

DOCUMENT # 723019

1. Entity 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	P O BOX 7221 NORTH PORT FL 34287

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MAPLES, MARY E 6861 MARIUS ROAD NORTH PORT FL 34287	Name: J. Paul Master Street Address (P.O. Box Number is Not Acceptable): 4111 Mokena Avenue City: North Port **FL** Zip Code: 34286

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.

SIGNATURE: J. Paul Master — J. Paul Master — 2/14/02
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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD WILLIAMS, MARY 2184 BRUBECK NORTH PORT FL 34287	☒ Delete	VCD John McKean 1130 Ludlow Avenue Port Charlotte, FL 33953	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C MAPLES, MARY 6861 MARIUS ROAD NORTH PORT FL 34287	☐ Delete	TD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T ALLEN, EVELYN 4256 POCATELLA AVE NORTH PORT FL	☒ Delete	T Hans Regnier 4681 Powell Avenue North Port, FL 34287	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SCHAVE, NANCY 322 TRAILORAMA DR NORTH PORT FL	☒ Delete	SD Corry Regnier 4681 Powell Avenue North Port, FL 34287	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BENTLEY, RAYMOND 806 VILLA DEL SOL NORTH PORT FL	☒ Delete	C J. Paul Master 4111 Mokena Avenue North Port, FL 34286	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FS FIELDING, CHARLINE 5148 PALENA BLVD NORTH PORT FL	☐ Delete		☐ Change ☐ Addition

CR2E037 (9/01)

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: J. Paul Master REQUIRED J. Paul Master 2/14/02 (941)426-5580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #