2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 17, 2004 8:00 am
Secretary of State
02-17-2004 90036 031 ****61.25

DOCUMENT # 723019

1. Entity Name

NORTH PORT COMMUNITY UNITED CHURCH OF CHRIST, INC.

94015920

MOORE CR2E037 (11/03)

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

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

MASTER, J PAUL
4111 MOKENA AVENUE
NORTH PORT FL 34286

7. Name and Address of New Registered Agent

Name: John McKean
Street Address (P.O. Box Number is Not Acceptable): 1130 Ludlow Avenue
City: Port Charlotte **FL** Zip Code: 33953

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: John McKean 2/10/04
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
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD MCKEAN, JOHN 1130 LUDLOW AVENUE PORT CHARLOTTE FL 33953	☐ Delete	C McKean, John 1130 Ludlow Avenue Port Charlotte, FL 33953	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MAPLES, MARY 6861 MARIUS ROAD NORTH PORT FL 34287	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T REGNIER, HANS 4681 POWELL AVENUE NORTH PORT FL 34287	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD REGNIER, CORRY 4681 POWELL AVENUE NORTH PORT FL 34287	☒ Delete	SD Winona Vannoy 6581 Center Road North Port, FL 34287	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C MASTER, J PAUL 4111 MOKENA AVENUE NORTH PORT FL 34286	☒ Delete	VCD Donald Grim 480 Eppinger Drive Port Charlotte, FL 33953	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	FS FIELDING, CHARLINE 5148 PALENA BLVD NORTH PORT FL	☐ Delete		☐ Change ☐ Addition

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: John McKean 2/10/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #