2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State
03-24-2008 90067 042 ****61.25

DOCUMENT # 723019

1. Entity Name
NORTH PORT COMMUNITY UNITED CHURCH OF CHRIST, INC.

Principal Place of Business
3450 SO. BISCAYNE DRIVE.
~~PO BOX 7221~~
NORTH PORT, FL 34287

Mailing Address
~~P O BOX 7221~~ 3450 S. Biscayne Drive
NORTH PORT, FL 34287

03132008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
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

GRIM, DONALD
480 EPPINGER DRIVE
PORT CHARLOTTE, FL 33953

7. Name and Address of New Registered Agent

Name: Bruce E Hodgkins
Street Address (P.O. Box Number is Not Acceptable): 2720 Shenandoah St.
City: North Port FL Zip Code: 34287

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

Filing Fee is $61.25
Due by May 1, 2008

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	CD GRIM, DONALD 480 EPPINGER DRIVE PORT CHARLOTTE, FL 33953	☒ Delete	CD Bruce E. Hodgkins 2720 Shenandoah St. North Port, FL 34287	☐ 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 REISELT, RUTH G 2860 ANNISTON ROAD NORTH PORT, FL 34288	☒ Delete	D Robert John Mckean 1130 Ludlow Avenue Port Charlotte, FL 33953	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD VANNOY, WINONA 6581 CENTER LANE NORTH PORT, FL 34287	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD ROONEY, ELIZABETH 3984 HOLIN LANE NORTH PORT, FL 34287	☐ Delete		☐ 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 exemptions contained in Chapter 119, 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: Bruce E Hodgkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #