

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90136 017 ****61.25

DOCUMENT # 723019

1. Entity 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

**P O BOX 7221
NORTH PORT FL 34287**

22002434



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1418559**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**MASTER, J PAUL
4111 MOKENA AVENUE
NORTH PORT FL 34286**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 *J. Paul Master*
Signature, typed or printed name of registered agent and title if applicable.

J. Paul Master

(NOTE: Registered Agent signature required when reinstating)

1/31/03

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **VCD**
STREET ADDRESS **MCKEAN, JOHN**
CITY-ST-ZIP **1130 LUDLOW AVENUE
PORT CHARLOTTE FL 33953**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **MAPLES, MARY**
CITY-ST-ZIP **6861 MARIUS ROAD
NORTH PORT FL 34287**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **REGNIER, HANS**
CITY-ST-ZIP **4681 POWELL AVENUE
NORTH PORT FL 34287**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **REGNIER, CORRY**
CITY-ST-ZIP **4681 POWELL AVENUE
NORTH PORT FL 34287**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **C**
STREET ADDRESS **MASTER, J PAUL**
CITY-ST-ZIP **4111 MOKENA AVENUE
NORTH PORT FL 34286**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **1-31-03** **941-426-5580**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)