2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State
02-21-2002 90056 045 ****61.25

DOCUMENT # N00000005049

1. Entity Name

NORTH CONGREGATION, VENICE, FLORIDA, INC.

Principal Place of Business	Mailing Address
6372 WOODBIRCH RD. SARASOTA FL 34238	6372 WOODBIRCH RD. SARASOTA FL 34238

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
801 Ridgewood Ave	5348 DREW Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Venice FL	City & State: Venice FL
Zip: 34292 Country:	Zip: 34293 Country:

4. FEI Number 65-0262058 ☐ 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
HALL, ROBERT 4150 LANAI DR. SARASOTA FL 34241	Name: Robert Baice Street Address (P.O. Box Number is Not Acceptable): 410 Palmetto Ct City: Venice **FL** Zip Code: 34285

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: James N Hall 1-17-02
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	DVP HADNAGY, JAMES R 5348 DREW RD. VENICE FL 34293	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS PARKER, CHARLES 204 ALGIERS DR VENICE FL 34293	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	5364 Syracuse Rd Venice FL 34293	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP SHEPHERD, C. WAYNE 1107 MYRTLE AVE. VENICE FL 34292	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: SIGNATURE REQUIRED James R Hadnagy, Dir. 1-17-02 941 4926693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #