

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 702574 (5)
1. Corporation Name
FIRST BAPTIST CHURCH OF NORTH PORT, FLORIDA, INC



Principal Place of Business
**8000 DOROTHY AVE
NORTH PORT FL 34287**

Mailing Address
**8000 DOROTHY AVE
NORTH PORT FL 34287**

3. Date Incorporated or Qualified
06/19/1961

3a. Date of Last Report
05/01/1995

4. FEI Number
59-1548275

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**HOWARD, COSMAN
56 RAMBLEWOOD STREET
PORT CHARLOTTE FL 33953**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	HOWARD, COSMAN	
STREET ADDRESS	56 RAMBLEWOOD STREET	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WILLIAMSON, GARY	
STREET ADDRESS	440 JUPER ST	
CITY-ST-ZIP	PORT CHARLOTTE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARKOVICH, MIKE	
STREET ADDRESS	441 VENETA AVE	
CITY-ST-ZIP	WARM MINERAL SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DECATO, STEVEN	
STREET ADDRESS	1230 GAUCHO TERRACE	
CITY-ST-ZIP	NORTH PORT FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEELE, SAMUEL J	
STREET ADDRESS	7543 BERWICK STREET	
CITY-ST-ZIP	NORTH PORT FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D MALLARD, JAMES
3.3 STREET ADDRESS	6344 SCORPIO AVENUE
3.4 CITY-ST-ZIP	NORTH PORT, FL 34287
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D KING, MILTON
4.3 STREET ADDRESS	18519 BLAIR AVENUE
4.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33948
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Howard Cosman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-96 (94) 743-08X3
Date Daytime Phone #

CP2E037 (12/95)