

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90116 047 ****70.00

DOCUMENT # 702574

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**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

06/19/1961

4. FEI Number

59-1548275

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**KING, MILTON
18519 BLAIR AVE
PORT CHARLOTTE FL 33948**

10. Name and Address of New Registered Agent

81 Name

Donne Davis

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

1300 River Road #E-121

83

84 City

Venice

FL

85 Zip Code

34292

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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

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

Donne Davis

(NOTE: Registered Agent signature required when reinstating)

4-14-99

DATE

12. OFFICERS AND DIRECTORS

TITLE **CD** ☒ DELETE
NAME **KING, MILTON**
STREET ADDRESS **18519 BLAIR AVE**
CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE **SD** ☐ DELETE
NAME **CARDINALE, JOE**
STREET ADDRESS **1262 LOMA LN**
CITY-ST-ZIP **ENGLEWOOD FL 34224**

TITLE **D** ☐ DELETE
NAME **MARKOVICH, MIKE**
STREET ADDRESS **441 VENETA AVE**
CITY-ST-ZIP **WARM MINERAL SPRGS FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CD** ☒ Change ☐ Addition
1.2 NAME **Davis, Donne**
1.3 STREET ADDRESS **1300 River Road #E-121**
1.4 CITY-ST-ZIP **Venice, FL 34292**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **Hundley, O.D.**
2.3 STREET ADDRESS **13425 Drysdale Avenue**
2.4 CITY-ST-ZIP **Port Charlotte, FL 33981**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Donne Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donne Davis

4-14-99

(941) 426-2350

Date

Daytime Phone #

0069070

CD0007 14108