

2002 UNIFORM BUSINESS REPORT (UBR)

S/1

FILED
May 30, 2002 8:00 am
Secretary of State

05-08-2002 90065 003 ****61.25

DOCUMENT # 702574

1. Entity Name

FIRST BAPTIST CHURCH OF NORTH PORT, FLORIDA, INC

Principal Place of Business

Mailing Address

**8000 DOROTHY AVE
 NORTH PORT FL 34287**

**8000 DOROTHY AVE
 NORTH PORT FL 34287**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1548275

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**DAVIS, DONNE
 1300 RIVER ROAD #E-1
 VENICE FL 34282**

7. Name and Address of New Registered Agent

Name

JOSEPH V. CARDINALE

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

1262 LOMA LANE

City

ENGLEWOOD

FL

Zip Code

34224

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

Joseph V. Cardinale

TREASURER

4/21/02

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

TITLE **CD** ☒ Delete
 NAME **DAVIS, DONNE**
 STREET ADDRESS **1300 RIVER ROAD, #E-121**
 CITY-ST-ZIP **VENICE FL 34282**

TITLE **D** ☒ Delete
 NAME **HUNDLEY, O.D.**
 STREET ADDRESS **13425 DRYSDALE AVE**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33981**

TITLE **D** ☐ Delete
 NAME **KING, MILTON**
 STREET ADDRESS **18519 BLAIR AVE**
 CITY-ST-ZIP **PORT CHARLOTTE FL 33948**

TITLE **D** ☐ Delete
 NAME **REED, GLENN**
 STREET ADDRESS **5200 S. BISCAYNE DR**
 CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE **D** ☒ Delete
 NAME **ROSHTEN, POL**
 STREET ADDRESS **8500 BESSEMER AVE**
 CITY-ST-ZIP **NORTH PORT FL 34287**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Change ☒ Addition
 NAME **EDWARD E. LEPIRE**
 STREET ADDRESS **139 VIRGINIA CT**
 CITY-ST-ZIP **ENGLEWOOD, FL 34223**

TITLE **T** ☐ Change ☒ Addition
 NAME **JOSEPH V. CARDINALE**
 STREET ADDRESS **1262 LOMA LANE**
 CITY-ST-ZIP **ENGLEWOOD, FL 34224**

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

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

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

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:

Joseph V. Cardinale
JOSEPH V. CARDINALE
TREASURER

4/21/02

941-426-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)