



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 8:00 am
Secretary of State

03-08-2006 90187 039 ****61.25

DOCUMENT # 702574 1. Entity 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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1548275	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SIMPSON, SANFORD 2161 BRUBECK RD NORTH PORT, FL 33287				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D	<input checked="" type="checkbox"/> Delete	TITLE	DEACON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTON, STEPHEN		NAME	DAVIS, BOUVE	
STREET ADDRESS	12322 ALTA MIREA ST.		STREET ADDRESS	958 KENOMA EAST	
CITY-ST-ZIP	NORTH PORT, FL 34287		CITY-ST-ZIP	VENICE, FL 34292	
TITLE	D	<input type="checkbox"/> Delete	TITLE	DEACON	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEFAZIO, JOSEPH		NAME	KING, MILT	
STREET ADDRESS	376 SALT CREEK DRIVE		STREET ADDRESS	18519 BLAIR AVE.	
CITY-ST-ZIP	NORTH PORT, FL 34287		CITY-ST-ZIP	PORT CHARLOTTE, FL 33948	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLEWETT, HOWARD		NAME		
STREET ADDRESS	6902 HIKINA DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT, FL 34287		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMPSON, SANFORD		NAME		
STREET ADDRESS	2161 BRUBECK ROAD		STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT, FL 34287		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: X 			03/06/06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		
			426-9006		
			<small>Daytime Phone #</small>		