

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91423 008 ****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

8000 DOROTHY AVE
Suite, Apt. #, etc.

3. Mailing Address

8000 DOROTHY AVE
Suite, Apt. #, etc.

City & State

NORTH PORT FL

City & State

NORTH PORT FL

4. FEI Number **59-1548275**

Applied For

Not Applicable

Zip

34287

Country

FLORIDA

Zip

34287

Country

FLORIDA

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

6. Name and Address of Current Registered Agent

**CARDINALE, JOSEPH V
1262 LOMA LANE
ENGLEWOOD FL 34224**

7. Name and Address of New Registered Agent

Name **DONNE F. DAVIS**
Street Address (P.O. Box Number is Not Acceptable) **1300 N. RIVER RD # E121**
City **VENICE** FL Zip Code **34293**

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 **DONNE F. DAVIS** ^{CHAIRMAN} **BOARD OF DEACONS** **Donne F. Davis** **4/24/03**
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
Florida Department of State**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | LEPINE, EDWARD E | |
| STREET ADDRESS | 139 VIRGINIA COURT | |
| CITY-ST-ZIP | ENGLEWOOD FL 34223 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | CARDINALE, JOSEPH V | |
| STREET ADDRESS | 1262 LOMA LANE | |
| CITY-ST-ZIP | ENGLEWOOD FL 34224 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | KING, MILTON | |
| STREET ADDRESS | 18519 BLAIR AVE | |
| CITY-ST-ZIP | PORT CHARLOTTE FL 33948 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | REED, GLENN | |
| STREET ADDRESS | 5200 S. BISCAYNE DR | |
| CITY-ST-ZIP | NORTH PORT FL 34287 | |
| TITLE | D | <input checked="" type="checkbox"/> Addition |
| NAME | DAVIS, DONNE F | |
| STREET ADDRESS | 1300 RIVER RD # E121 | |
| CITY-ST-ZIP | VENICE, FL 34293 | |
| TITLE | D | <input checked="" type="checkbox"/> Addition |
| NAME | HARRIS, JOEL | |
| STREET ADDRESS | 557 BOUNDARY BLVD | |
| CITY-ST-ZIP | ROTUNDA WEST, FL 33947 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|-------------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MARTON, STEPHAN | |
| STREET ADDRESS | 12322 ALTA MIRA ST | |
| CITY-ST-ZIP | NORTH PORT, FL 34287 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DAVIS, DONNE F | |
| STREET ADDRESS | 1300 RIVER RD # E121 | |
| CITY-ST-ZIP | VENICE, FL 34293 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HARRIS, JOEL | |
| STREET ADDRESS | 557 BOUNDARY BLVD | |
| CITY-ST-ZIP | ROTUNDA WEST, FL 33947 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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: **DONNE F. DAVIS**
NATURE REQUIRED

4/24/03 (94)4932350

CR2E037 (10/02)