

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 12 AM 12:25

DOCUMENT # 703160 (2)

1. Corporation Name
FIRST PRESBYTERIAN CHURCH OF NORTH PORT, FLORIDA

Principal Place of Business Mailing Address
**5600 S. BISCAYNE DR.
PO BOX 7107
NORTH PORT FL 34287**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/09/1961** 3a. Date of Last Report **03/28/1994**
4. FEI Number **59-1680124** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 25 Country 28 Zip 30 Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199 (32), Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**LEHAN, JAMES J., JR
3845 BEEBER ST
NORTH PORT FL 33596
34287**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Henry L. DeJonge

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	DEJONGE, HENRY
STREET ADDRESS	3506 TUNDRA RD
CITY - ST - ZIP	VENICE FL
TITLE	AT
NAME	BOURNE, RUTH
STREET ADDRESS	5788 HOLIDAY PK. BLVD.
CITY - ST - ZIP	NORTH PORT, FL 00000
TITLE	T
NAME	YONKERS, GEORGE
STREET ADDRESS	932 CAPRI ISLES BLVD
CITY - ST - ZIP	VENICE FL
TITLE	P
NAME	LEHAN, JAMES J JR
STREET ADDRESS	3845 BEEBER ST.
CITY - ST - ZIP	NORTH PORT, FL 00000
TITLE	ASD
NAME	ENTWHISTLE, JAMES
STREET ADDRESS	6200 FREEMONT
CITY - ST - ZIP	NORTH PORT, FL 00000
TITLE	VD
NAME	BERGHOEF, GERARD
STREET ADDRESS	2080 OYSTER CREEK DR
CITY - ST - ZIP	ENGLEWOOD FL

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 type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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: *Henry L. DeJonge* 3/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR