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Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 703160 (2)
1. Corporation Name
FIRST PRESBYTERIAN CHURCH OF NORTH PORT, FLORIDA



Principal Place of Business: 5600 S. BISCAYNE DR. PO BOX 7107 NORTH PORT FL 34287
Mailing Address: 5600 S. BISCAYNE DR. PO BOX 7107 NORTH PORT FL 34287-0107

3. Date Incorporated or Qualified: 11/09/1961
3a. Date of Last Report: 03/04/1996
4. FEI Number: 59-1680124
5. Certificate of Status Desired: [] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [] Yes [] No

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country

9. Name and Address of Current Registered Agent
LEHAN, JAMES J., JR
3845 BEEBER ST
NORTH PORT FL 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 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer, 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

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 4950 POCATELLA AVE
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
11 TITLE [] Change [] Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
21 TITLE [] Change [] Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
31 TITLE [] Change [] Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
41 TITLE [] Change [] Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
51 TITLE [] Change [] Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
61 TITLE [] Change [] Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

14. I do 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE J. YONKERS
George J. Yonkers Treas.
Date: _____ Daytime Phone: # 0064520

CR2E037 (9/96)