

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 11/09/1961	
4. FEI Number 59-1680124	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 85 Zip Code
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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 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	SD <input type="checkbox"/> DELETE
NAME	DEJONGE, HENRY
STREET ADDRESS	3508 TUNDRA RD
CITY-ST-ZIP	VENICE FL
TITLE	AT <input type="checkbox"/> DELETE
NAME	BOURNE, RUTH
STREET ADDRESS	4950 POCATELLA AVE
CITY-ST-ZIP	NORTH PORT, FL 00000
TITLE	T <input type="checkbox"/> DELETE
NAME	YONKERS, GEORGE
STREET ADDRESS	932 CAPRI ISLES BLVD
CITY-ST-ZIP	VENICE FL
TITLE	P <input type="checkbox"/> DELETE
NAME	LEHAN, JAMES J JR
STREET ADDRESS	3845 BEEBER ST.
CITY-ST-ZIP	NORTH PORT, FL 00000
TITLE	ASD <input checked="" type="checkbox"/> DELETE
NAME	ENTWHISTLE, JAMES
STREET ADDRESS	6200 FREEMONT
CITY-ST-ZIP	NORTH PORT, FL 00000
TITLE	VD <input type="checkbox"/> DELETE
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 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 _____

CR2E037 (10/97)