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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 703160

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

5600 S. BISCAYNE DR.
 PO BOX 7107
 NORTH PORT FL 34287



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

11/09/1961

22 City & State

27 City & State

4. FEI Number
 59-1680124

Applied For
 Not Applicable

23 Zip Country

28 Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEHAN, JAMES J., JR
 3845 BEEBER ST
 NORTH PORT FL 34287

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD DELETE
 NAME DEJONGE, HENRY
 STREET ADDRESS 3506 TUNDRA RD
 CITY-ST-ZIP VENICE FL

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

TITLE AT DELETE
 NAME BOURNE, RUTH
 STREET ADDRESS 4950 POCATELLA AVE
 CITY-ST-ZIP NORTH PORT, FL 00000

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE T DELETE
 NAME YONKERS, GEORGE
 STREET ADDRESS 932 CAPRI ISLES BLVD
 CITY-ST-ZIP VENICE FL

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

TITLE P DELETE
 NAME LEHAN, JAMES J JR
 STREET ADDRESS 3845 BEEBER ST.
 CITY-ST-ZIP NORTH PORT, FL 00000

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE VD DELETE
 NAME BERGHOEF, GERARD
 STREET ADDRESS 2080 OYSTER CREEK DR
 CITY-ST-ZIP ENGLEWOOD FL

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

Signature of James J. Lehan, Jr.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99 941-484-7235
 Date Daytime Phone #

CR2E037 (1/198)