

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

0077416

05-16-2001 90188 034 ****61.25

DOCUMENT # 703160

1. Entity 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**

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 PO BOX 7107
 NORTH PORT FL 34287**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1680124

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____

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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: _____

Signature Required

4/27/01 941-493-1207

CR2E037 (10/00)