

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 26, 2004 8:00 am**  
**Secretary of State**

05-26-2004 90002 031 \*\*\*\*69.75

**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**      **5600 S. BISCAYNE DR.  
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      Applied For  
**59-1680124**      Not Applicable

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



MOORE      CR2E037 (11/03)

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

**7. Name and Address of New Registered Agent**  
Name **Henry L. De Jonge**  
Street Address (P.O. Box Number is Not Acceptable)  
**3506 Tundra Rd.**  
City **Venice**      FL      Zip Code **34293**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Henry De Jonge*      DATE **5/23/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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

**Make Check Payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD YONKERS, GEORGE 932 CAPRI ISLES BLVD #118 VENICE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEHAN, JAMES J JR 3845 BEEBER ST. NORTH PORT, FL 00000	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERGHOEF, GERARD 2080 OYSTER CREEK DR ENGLEWOOD FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WADE, NUEL E 516 LOTUS ST PORT CHARLOTTE FL 33953	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRUBER, LENNOX 751 BRENDA CT Punta Gorda, FL 33950	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Ralph GROSS 2312 Starlite Ln Port Charlotte, FL 33952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Henry DeJonge 3506 Tundra Rd Venice, FL 34293	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ralph G. Gross, Jr.*      DATE **5/23/04**      Daytime Phone # **941-766-0784 Home**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR