


2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 703160 1. Entity 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			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DEJONGE, HENRY L 3506 TUNDRA RD VENICE, FL 34293				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Henry DeJonge</i>		Signature, typed or printed name of registered agent and title if applicable.		<i>Henry DeJonge</i> (NOTE: Registered Agent signature required when reinstating)	
DATE <i>12/21/05</i>		DATE		DATE	
FILE NOW!!! FEE IS \$236.25 After January 1, 2006, Fee will be \$297.50			Make check payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRUBER, LENNOX		NAME	000062514900	
STREET ADDRESS	751 BREENDA CT		STREET ADDRESS	12/30/05--01064--011 **245.00	
CITY-ST-ZIP	PUNTA GORDA, FL 33950		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GROSS, RALPH		NAME		
STREET ADDRESS	2312 STARLITE LN		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DEJONGE, HENRY		NAME	<i>JD 12/27</i>	
STREET ADDRESS	3506 TUNDRA RD		STREET ADDRESS		
CITY-ST-ZIP	VENICE, FL 34293		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WADE, NUEL E		NAME		
STREET ADDRESS	516 LOTUS ST		STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE, FL 33953		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 another like empowered.					
SIGNATURE: <i>Henry DeJonge</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <i>12/21/05</i> Daytime Phone # <i>941 809 9669</i>	

FILED
05 DEC 27 PM 3: 28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



12192005 REIN-NP CR2E099 (6/04)

4. FEI Number **59-1680124** Applied For Not Applicable

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

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