

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

8/9/2007-90055-004-\$61.25-\$61.25

DOCUMENT # 703160
1. Entity Name
**FIRST PRESBYTERIAN CHURCH OF NORTH PORT,
FLORIDA**



Principal Place of Business Mailing Address
5600 S. BISCAYNE DR. 5600 S. BISCAYNE DR.
PO BOX 7107 PO BOX 7107
NORTH PORT FL 34287 NORTH PORT FL 34287

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt #, etc. Suite, Apt #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

DEJONGE, HENRY L
3500 RUSTIC RD
NOKOMIS FL 34275

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

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

2nd MOORE CR2E037 (4/07)

7. Name and Address of New Registered Agent

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 *Henry DeJonge* (NOTE: Registered Agent signature required when substituting) DATE

FILE NOW: FEE IS \$61.25
Due By: September 5, 2007

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 GRUBER, LENNOX 751 BRENDA CT PUNTA GORDA FL 33950 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GROSS, RALPH 28200 BERMOUNT RD UNIT 4D PUNTA GORDA FL 39982 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DEJONGE, HENRY 3500 RUSTIC RD NOKOMIS FL 34275 <input 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Lennox Gruber* 9/10/07 (941) 637-0185

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
07 SEP 26 PM 1:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA