

2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 703160. 1. Entity Name FIRST PRESBYTERIAN CHURCH OF NORTH PORT, FLORIDA						FILED 08 OCT 29 PM 3:15 SECRETARY OF STATE TALLAHASSEE, 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				 REINSTATEMENT 2008 CR2E099 (707) WOP			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		4. FBI Number 59-1680124		Applied For <input type="checkbox"/> Not Applicable					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required							
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent					
Zip		Country		Zip		Country		DEJONGE, HENRY L 3500 RUSTIC RD NOKOMIS, FL 34275			
										Name Lennox Gruber Street Address (P.O. Box Number is Not Acceptable) 751 Brenda Ct. City Punta Gorda FL Zip Code 33950	
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 <u><i>Lennox Gruber</i></u> <u>10/27/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>											
FILE NOW!!! FEE IS \$61.25 After January 1, 2009, Fee will be \$122.50				In accordance with s. 807.193(2)(b), F.S., the corporation did not receive the prior notice.				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10						
TITLE NAME STREET ADDRESS CITY-ST-ZIP TD GRUBER, LENNOX <input type="checkbox"/> Delete 751 BRENDA CT PUNTA GORDA, FL 33950					TITLE NAME STREET ADDRESS CITY-ST-ZIP 900137425739 <input type="checkbox"/> Change <input type="checkbox"/> Addition 10/29/08--01032--004 **70.00						
TITLE NAME STREET ADDRESS CITY-ST-ZIP PD GROSS, RALPH <input type="checkbox"/> Delete 28200 BERMOUNT RD UNIT 4D PUNTA GORDA, FL 39982					TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP VD DEJONGE, HENRY <input checked="" type="checkbox"/> Delete 3500 RUSTIC RD NOKOMIS, FL 34275					TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition						
TITLE NAME STREET ADDRESS CITY-ST-ZIP SD WADE, NUEL E <input type="checkbox"/> Delete 516 LOTUS ST PORT CHARLOTTE, FL 33953					TITLE NAME STREET ADDRESS CITY-ST-ZIP Deacon James Householder <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8598 Gaillard Ave North Port, FL 34287						
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete					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"/> Delete					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 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: <u><i>Lennox Gruber</i></u> <u>10/27/08</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>											