2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703160

FILED Aug 13, 2009 Secretary of State

Entity Name: FIRST PRESBYTERIAN CHURCH OF NORTH PORT, FLORIDA

Current P	rincipal Place of Business:	New Principal Place of Bus	iness:	
PO BOX 7	SCAYNE DR. 107 ORT, FL 34287	5600 S. BISCAYNE DR. NORTH PORT, FL 34287		
	·	Nam Mailinn Adduses		
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
P.O. BOX NORTH PO	7107 ORT, FL 34287	5600 S. BISCAYNE DR. NORTH PORT, FL 34287		
n accordan	59-1680124 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation did not re Address of Current Registered Agent:		tificate of Status Desired (X)	
GRUBER,			g	
751 BREŃ				
	named entity submits this statement for the purpe of Florida.	ose of changing its registered office	or registered agent, or both	
n the State	e of Florida.	ose of changing its registered office	or registered agent, or both,	
n the State	e of Florida.	ose of changing its registered office	or registered agent, or both, Date	
n the State	e of Florida. RE:	ose of changing its registered office ADDITIONS/CHANGES TO	Date	
n the State	e of Florida. RE: Electronic Signature of Registered Agent	ADDITIONS/CHANGES TO	Date	
n the State SIGNATUF DFFICERS Title: Jame: Address:	e of Florida. RE: Electronic Signature of Registered Agent S AND DIRECTORS: TD () Delete GRUBER, LENNOX 751 BRENDA CT	ADDITIONS/CHANGES TO C Title: () Char Name: Address: City-St-Zip:	Date OFFICERS AND DIRECTO	
n the State BIGNATUF DFFICERS Title: Islame: Address: City-St-Zip: Islame: Address:	E of Florida. RE: Electronic Signature of Registered Agent B AND DIRECTORS: TD () Delete GRUBER, LENNOX 751 BRENDA CT PUNTA GORDA, FL 33950 PD () Delete GROSS, RALPH 28200 BERMOUNT RD UNIT 4D	ADDITIONS/CHANGES TO C Title: () Char Name: Address: City-St-Zip: Title: () Char Name: Address: City-St-Zip:	Date OFFICERS AND DIRECTO nge () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LENNOX GRUBER TD 08/13/2009