

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703160

FILED  
Feb 15, 2011  
Secretary of State

**Entity Name:** FIRST PRESBYTERIAN CHURCH OF NORTH PORT, FLORIDA

**Current Principal Place of Business:**

5600 S. BISCAYNE DR.  
NORTH PORT, FL 34287

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 7107  
NORTH PORT, FL 34287

**New Mailing Address:**

**FEI Number:** 59-1680124

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BERARD, STEVEN  
3781 LAKEWOOD BLVD  
NORTH PORT, FL 34287 US

**Name and Address of New Registered Agent:**

BERARD, STEVEN  
5113 PINE SHADOW LANE  
NORTH PORT, FL 34287 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

02/15/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: TD  
Name: STEVEN, BERARD  
Address: 5313 PINE SHADOW LANE  
City-St-Zip: NORTH PORT, FL 34287

Title: RE  
Name: GROSS, RALPH  
Address: EPINGER ROAD  
City-St-Zip: NORTH PORT, FL 34287

Title: D  
Name: HOUSEHOLDER, JAMES  
Address: 8598 GAILLARD AVE.  
City-St-Zip: NORTH PORT, FL 34287

Title: TE  
Name: BREVICK, ARNOLD  
Address: 5414 GABO RD  
City-St-Zip: NORTH PORT, FL 34287

Title: RE  
Name: GRUBER, LENNOX  
Address: 751 BRENDA COURT  
City-St-Zip: PUNTA GORDA, FL 33950

I hereby 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 all other like empowered.

SIGNATURE: STEVEN BERARD

TD

02/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date