## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

PO BOX 7107

5600 S. BISCAYNE DR.

NORTH PORT FL 34287

Suite, Apt. #, etc.

3. Mailing Address

City & State

Zip

## **DOCUMENT # 703160**

Principal Place of Business

2. Principal Place of Business

LEHAN, JAMES J., JR

the obligations of registered agent.

3845 BEEBER ST NORTH PORT FL 34287

: Š1 SIGNATURE, -

5600 S. BISCAYNE DR.

NORTH PORT FL 34287

Suite, Apt. #, etc.

City & State

Zip

PO BOX 7107

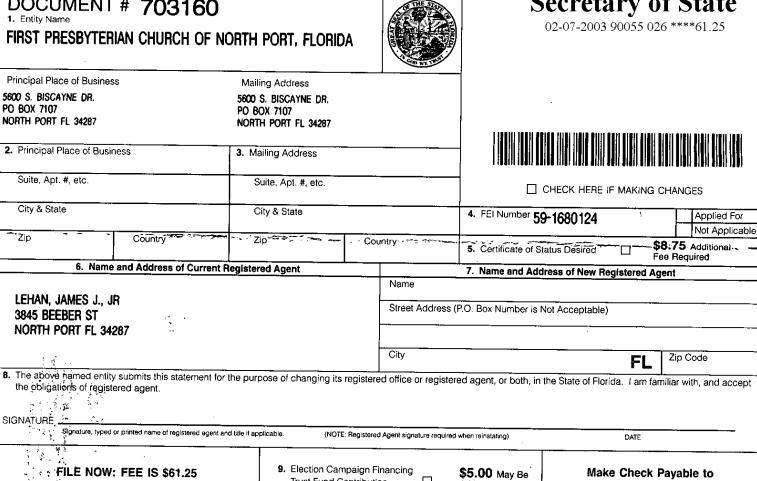
## FIRST PRESBYTERIAN CHURCH OF NORTH PORT, FLORIDA

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.



## FILED Feb 07, 2003 8:00 am Secretary of State



9. Election Campaign Financing FILE NOW: FEE IS \$61.25 \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE R2E037 (10/02) Change Addition | YONKERS, GEORGE NAME WADE, NUEL E. NAME 932 CAPRI ISLES BLVD#/18 STREET ADDRESS STREET ADDRESS 516 Lotus St. CITY-ST-7IP VENICE FL CITY-ST-ZIP Port Charlotte, FL TITLE PD ☐ Delete TITLE ☐ Change ☐ Addition LEHAN, JAMES J JR NAME STREET ADDRESS 3845 BEEBER ST. STREET ADDRESS CITY-ST-7IP NORTH PORT, FL 00000 - 神智様 ・食・ CITY-ST-ZIP ☐ Delete TIT! F Addition BERGHOEF, GERARD NAME STREET ADDRESS 2080 OYSTER CREEK DR STREET ADDRESS CITY-ST-ZIP ENGLEWOOD FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 all other like empowered.

SIGNATURE:

01/29/03

941-426-1230