2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2006 8:00 am Secretary of State

DOCUMENT # 723019						ary o		
DOCUMENT # 723019 1. Entity Name NORTH PORT COMMUNITY UNITED CHURCH OF CHRIST, INC.					03-21-200	90030 03		25
Principal Place of Business 3450 SO. BISCAYNE DRIVE. PO BOX 7221 NORTH PORT, FL 34287	Mailing Address P O BOX 7221 NORTH PORT, FL 34	287		IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII			()	
2. Principal Place of Business	3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.		01262006	Chg-NP	CR2E	037 (11/05)		
City & State	City & State	City & State		4. FEI Number Applied For 59-1418559 Not Applied For		oplied For ot Applicable		
Zip Country	Zip	Count	try	5. Certificate of	of Status Desi	red 🗆	\$8.75 Add	
6. Name and Address of Curren	t Registered Agent			7. Name and	Address of N	ew Registered	Agent	
MCKEAN, JOHN 1130 LUDLOW AVENUE				7. Name and Address of New Registered Agent lame Grim, Dorna H itreet Address (P.O. Box Number is Not Acceptable)				
PORT CHARLOTTE, FL 33953		-	480	Eppinger	- T	<u> </u>		
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8. The above named entity submits this statement	for the sussess of changing		Loffice or regio	1000d 000d 104th	in the Object	(m)	F 141 1-4	and account
the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered age	im	<u> </u>		lered agent, or poir	n, in the State	OT Florida. Tan	/06	and accept
the obligations of registered agent. SIGNATURE Association SIGNATURE	nt and title if applicable. (N	OTE: Registered A	Agent signature requi			3/7,	06	
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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.

CITY-ST-ZIP

SIGNATURE:

NORTH PORT, FL

MATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/06 941-426-5580

Daytime Pho