


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

03-21-2006 90030 032 ****61.25

DOCUMENT # 723019 1. Entity Name NORTH PORT COMMUNITY UNITED CHURCH OF CHRIST, INC.					
Principal Place of Business 3450 SO. BISCAYNE DRIVE. PO BOX 7221 NORTH PORT, FL 34287			Mailing Address P O BOX 7221 NORTH PORT, FL 34287		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1418559	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
McKEAN, JOHN 1130 LUDLOW AVENUE PORT CHARLOTTE, FL 33953			Name Grim, Donald Street Address (P.O. Box Number is Not Acceptable) 480 Eppinger Drive City Port Charlotte, FL Zip Code 33953		
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 <i>Donald Grim</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE 3/7/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	C	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McKEAN, JOHN		NAME	Grim, Donald	
STREET ADDRESS	1130 LUDLOW AVENUE		STREET ADDRESS	480 Eppinger Drive	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33953		CITY-ST-ZIP	Port Charlotte, FL 33953	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAPLES, MARY		NAME		
STREET ADDRESS	6861 MARIUS ROAD		STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT, FL 34287		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REISELT, RUTH G		NAME		
STREET ADDRESS	2860 ANNISTON ROAD		STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT, FL 34288		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VANNOY, WINONA		NAME	Gordon, Barbara	
STREET ADDRESS	6581 CENTER ROAD		STREET ADDRESS	2647 Logsdon Street	
CITY-ST-ZIP	NORTH PORT, FL 34287		CITY-ST-ZIP	North Port, FL 34287	
TITLE	VCD	<input checked="" type="checkbox"/> Delete	TITLE	VCD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIM, DONALD		NAME	Reiseit, Leslie	
STREET ADDRESS	480 EPPINGER DRIVE		STREET ADDRESS	2860 Anniston Road	
CITY-ST-ZIP	PORT CHARLOTTE, FL 33953		CITY-ST-ZIP	North Port, FL 34288	
TITLE	FS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FIELDING, CHARLINE		NAME		
STREET ADDRESS	5148 PALENA BLVD		STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT, FL		CITY-ST-ZIP		
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: <i>Donald Grim</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3/7/06 Daytime Phone # 941-426-5580		