

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90056 050 ****61.25

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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 - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		03232007 Chg-NP CR2E037 (12/06)	
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 GRIM, DONALD 480 EPPINGER DRIVE PORT CHARLOTTE, FL 33953			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	C <input type="checkbox"/> Delete GRIM, DONALD 480 EPPINGER DRIVE PORT CHARLOTTE, FL 33953		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Delete MAPLES, MARY 6861 MARIUS ROAD NORTH PORT, FL 34287		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete REISELT, RUTH G 2860 ANNISTON ROAD NORTH PORT, FL 34288		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Delete GORDON, BARBARA 2647 LOGSDON STREET NORTH PORT, FL 34287		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Winona Vannoy 6581 Center Lane North Port, FL 34287	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD <input checked="" type="checkbox"/> Delete REISELT, LESLIE 2860 ANNISTON ROAD NORTH PORT, FL 34288		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Elizabeth Rooney 3984 Holin Lane North Port, FL 34287	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FS <input type="checkbox"/> Delete FIELDING, CHARLINE 5148 PALENA BLVD NORTH PORT, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Mary M Maples MARY M MAPLES 3/23/07 941 426 5580 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					