

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 723019

FILED
Mar 09, 2009
Secretary of State

Entity Name: NORTH PORT COMMUNITY UNITED CHURCH OF CHRIST, INC.

Current Principal Place of Business:

3450 SO. BISCAYNE DRIVE.
PO BOX 7221
NORTH PORT, FL 34287

New Principal Place of Business:

3450 SO. BISCAYNE DRIVE.
NORTH PORT, FL 34287

Current Mailing Address:

P O BOX 7221
NORTH PORT, FL 34287

New Mailing Address:

3450 SO. BISCAYNE DRIVE.
NORTH PORT, FL 34287

FEI Number: 59-1418559

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HODGKINS, BRUCE E
2720 SHENANDOAH ST.
NORTH PORT, FL 34287 US

Name and Address of New Registered Agent:

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

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: HODGKINS, BRUCE E
Address: 2720 SHENANDOAH ST.
City-St-Zip: NORTH PORT, FL 34287

Title: TD () Delete
Name: MAPLES, MARY
Address: 6861 MARIUS ROAD
City-St-Zip: NORTH PORT, FL 34287

Title: D () Delete
Name: MCKEAN, ROBERT J
Address: 1130 LUDLOW AVENUE
City-St-Zip: PORT CHARLOTTE, FL 33953

Title: SD () Delete
Name: VANNOY, WINONA
Address: 6581 CENTER LANE
City-St-Zip: NORTH PORT, FL 34287

Title: FS () Delete
Name: FIELDING, CHARLINE
Address: 5148 PALENA BLVD
City-St-Zip: NORTH PORT, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: HALL, LOUISE
Address: 406 VIVAR
City-St-Zip: NORTH PORT, FL 34287

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: FS (X) Change () Addition
Name: MASTER, DIANA
Address: 4111 MOKENA AVENUE
City-St-Zip: NORTH PORT, FL 34286

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: BRUCE E. HODGKINS

CD

03/09/2009

Electronic Signature of Signing Officer or Director

Date