

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90041 024 ****70.00

DOCUMENT # 734117 1. Entity Name NORTHEAST CHURCH, INC.																																																																																																						
Principal Place of Business 2828 51ST ST. SARASOTA, FL 34234 US		Mailing Address 2828 51ST ST. SARASOTA, FL 34234 US																																																																																																				
2. Principal Place of Business - No P.O. Box # 3011 61st St Suite, Apt. #, etc.		3. Mailing Address 3011 61st St Suite, Apt. #, etc.																																																																																																				
City & State SARASOTA FL Zip 34243		City & State SARASOTA FL Zip 34243																																																																																																				
Country USA		Country USA																																																																																																				
4. FEI Number NOT APPLICABLE		Applied For <input checked="" type="checkbox"/> Not Applicable																																																																																																				
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required																																																																																																				
6. Name and Address of Current Registered Agent DEHART, JODIE A 3011 61ST ST. SARASOTA, FL 34243		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																				
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, 2008		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																																																																																																				
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">PD</td> <td style="width: 15%;">NAME</td> <td style="width: 15%;">JOHNSON, RONALD H.</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 15%;">2828 51ST ST.</td> <td style="width: 15%;">CITY-ST-ZIP</td> <td style="width: 15%;">SARASOTA, FL 34234</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td>STD</td> <td>NAME</td> <td>JOHNSON NOLA J.</td> <td>STREET ADDRESS</td> <td>2828 51ST ST</td> <td>CITY-ST-ZIP</td> <td>SARASOTA, FL 34234</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td>VP TD</td> <td>NAME</td> <td>VAN NORT GREG</td> <td>STREET ADDRESS</td> <td>6588 WEST PAMLIE CT</td> <td>CITY-ST-ZIP</td> <td>CHRYSTAL RIVER, FL 34429</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td>NAME</td> <td>JOHNSON, GUERIN E</td> <td>STREET ADDRESS</td> <td>2250 SEWARD DR</td> <td>CITY-ST-ZIP</td> <td>SARASOTA, FL 34234</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td>VD</td> <td>NAME</td> <td>DEHART, JODIE A</td> <td>STREET ADDRESS</td> <td>3011 61ST STREET</td> <td>CITY-ST-ZIP</td> <td>SARASOTA, FL 34243</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>TITLE</td> <td></td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 15%;">PP</td> <td style="width: 15%;">NAME</td> <td style="width: 15%;">Jodie A. DeHart</td> <td style="width: 15%;">STREET ADDRESS</td> <td style="width: 15%;">3011 61st St</td> <td style="width: 15%;">CITY-ST-ZIP</td> <td style="width: 15%;">Sarasota FL 34243</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td>SD</td> <td>NAME</td> <td>Caleb M. DeHart</td> <td>STREET ADDRESS</td> <td>3011 61st St</td> <td>CITY-ST-ZIP</td> <td>Sarasota FL 34243</td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>TITLE</td> <td></td> <td>NAME</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table> </div> </div>				TITLE	PD	NAME	JOHNSON, RONALD H.	STREET ADDRESS	2828 51ST ST.	CITY-ST-ZIP	SARASOTA, FL 34234	<input checked="" type="checkbox"/> Delete	TITLE	STD	NAME	JOHNSON NOLA J.	STREET ADDRESS	2828 51ST ST	CITY-ST-ZIP	SARASOTA, FL 34234	<input checked="" type="checkbox"/> Delete	TITLE	VP TD	NAME	VAN NORT GREG	STREET ADDRESS	6588 WEST PAMLIE CT	CITY-ST-ZIP	CHRYSTAL RIVER, FL 34429	<input type="checkbox"/> Delete	TITLE	VD	NAME	JOHNSON, GUERIN E	STREET ADDRESS	2250 SEWARD DR	CITY-ST-ZIP	SARASOTA, FL 34234	<input type="checkbox"/> Delete	TITLE	VD	NAME	DEHART, JODIE A	STREET ADDRESS	3011 61ST STREET	CITY-ST-ZIP	SARASOTA, FL 34243	<input checked="" type="checkbox"/> Delete	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE	PP	NAME	Jodie A. DeHart	STREET ADDRESS	3011 61st St	CITY-ST-ZIP	Sarasota FL 34243	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	SD	NAME	Caleb M. DeHart	STREET ADDRESS	3011 61st St	CITY-ST-ZIP	Sarasota FL 34243	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.																																																																																																						
SIGNATURE: <u>Jodie A. DeHart</u> Jodie A. DeHart 4/17/08 941-685-4888 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																																																																																																						