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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 3:34

DOCUMENT # **755521** **(2)**

1. Corporation Name

NORTH PORT CHRISTIAN CHURCH OF NORTH PORT, FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2800 PAN AMERICAN BLVD. NORTH PORT FL 34287	2800 PAN AMERICAN BLVD. NORTH PORT FL 34287

3. Date Incorporated or Qualified: **12/12/1980**
3a. Date of Last Report: **03/28/1994**
4. FEI Number: **59-2062077** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MELLOR, CORD C.
13801 TAMIAMI TRAIL
NORTH PORT FL 34287

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	D	☒ Change ☐ Addition
NAME	DEEMS, BOBBY A.	12 NAME		
STREET ADDRESS	104 LAZY RIVER ROAD	13 STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT FL	14 CITY-ST-ZIP		
TITLE	DVP	21 TITLE		☐ Change ☐ Addition
NAME	KLINE, FRED	22 NAME		
STREET ADDRESS	4845 PAYNE ST	23 STREET ADDRESS		
CITY-ST-ZIP	NORT PORT FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	BERGMAN, KENNETH	32 NAME		
STREET ADDRESS	4734 ESCALANTE DRIVE	33 STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☒ Change ☐ Addition
NAME	DALTON, WILLIAM	42 NAME	No longer a director	
STREET ADDRESS	58 LAKEVIEW	43 STREET ADDRESS		
CITY-ST-ZIP	NORTH PORT FL	44 CITY-ST-ZIP		
TITLE		51 TITLE	D	☐ Change ☒ Addition
NAME		52 NAME	Reynolds, Jack	
STREET ADDRESS		53 STREET ADDRESS	Lot 45, E Myakka River RVP	
CITY-ST-ZIP		54 CITY-ST-ZIP	Venice, FL 34287	
TITLE		61 TITLE	DP	☐ Change ☒ Addition
NAME		62 NAME	Dohn, Roger	
STREET ADDRESS		63 STREET ADDRESS	88 Palm Harbor Dr. Harbor Isles MHP	
CITY-ST-ZIP		64 CITY-ST-ZIP	North Port, FL 34287	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kenneth L. Bergman KENNETH L. BERGMAN Mar 27 1995
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date

(813) 426-9262
Daytime Phone #

0004333