

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 755521 (2)

1. Corporation Name
NORTH PORT CHRISTIAN CHURCH OF NORTH PORT, FLORIDA, INC.



Principal Place of Business 2800 PAN AMERICAN BLVD. NORTH PORT FL 34287	Mailing Address 2800 PAN AMERICAN BLVD. NORTH PORT FL 34287
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3. Date Incorporated or Qualified 12/12/1980	3a. Date of Last Report 03/31/1995
4. FEI Number 59-2062077	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DEEMS, BOBBY A.	
STREET ADDRESS	104 LAZY RIVER ROAD	
CITY-ST-ZIP	NORTH PORT FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	KLINE, FRED	
STREET ADDRESS	4845 PAYNE ST	
CITY-ST-ZIP	NORTH PORT FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BERGMAN, KENNETH	
STREET ADDRESS	4734 ESCALANTE DRIVE	
CITY-ST-ZIP	NORTH PORT FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REYNOLDS, JACK	
STREET ADDRESS	LOT 45, E MYAKKA RIVER RVP	
CITY-ST-ZIP	VENICE FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	DOHN, ROGER	
STREET ADDRESS	88 PALM HARBOR DR. HARBOR ISLES MHP	
CITY-ST-ZIP	NORTH PORT FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D LINTON, THOMAS
6.3 STREET ADDRESS	2395 JAMESON CT.
6.4 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 199.07(3)(k), 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 H. Bergman April 10, 1996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E037 (12/95)