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Apr 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 34287-17333. Date Incorporated or Qualified
12/12/19803a. Date of Last Report
04/16/19964. FEI Number
-59-2062077- 65-0557733Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida StatutesYes ☐ No ☒

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME DEEMS, BOBBY A.
STREET ADDRESS 104 LAZY RIVER ROAD
CITY-ST-ZIP NORTH PORT FLTITLE DVP ☐ DELETE
NAME KLINE, FRED
STREET ADDRESS 4845 PAYNE ST
CITY-ST-ZIP NORTH PORT FLTITLE D ☐ DELETE
NAME BERGMAN, KENNETH
STREET ADDRESS 4734 ESCALANTE DRIVE
CITY-ST-ZIP NORTH PORT FLTITLE D ☐ DELETE
NAME REYNOLDS, JACK
STREET ADDRESS LOT 45, E MYAKKA RIVER RVP
CITY-ST-ZIP VENICE FLTITLE DP ☒ DELETE
NAME DOHN, ROGER
STREET ADDRESS 88 PALM HARBOR DR. HARBOR ISLES MHP
CITY-ST-ZIP NORTH PORT FLTITLE D ☐ DELETE
NAME LINTON, THOMAS
STREET ADDRESS 2395 JAMESON CT
CITY-ST-ZIP N PORT FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KENNETH H. BERGMAN

APR 8, 1997 (4/15/97) Daytime Phone: 0064548

CR2E037 (9/96)

D
DOHN, ANN
88 PALM HARBOR DR. HARBOR ISLES MHP
NORTH PORT, FL