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Apr 21, 1999 8:00 am
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04-21-1999 90152 042 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 755521

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



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 12/12/1980 4. FEI Number 65-0557733 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
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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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TR	1.1 TITLE	
NAME	DEEMS, BOBBY A.	1.2 NAME	
STREET ADDRESS	104 LAZY RIVER ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT FL	1.4 CITY-ST-ZIP	
TITLE	TR	2.1 TITLE	
NAME	KLINE, FRED	2.2 NAME	
STREET ADDRESS	4845 PAYNE ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT FL	2.4 CITY-ST-ZIP	
TITLE	PTR	3.1 TITLE	TR
NAME	BERGMAN, KENNETH	3.2 NAME	
STREET ADDRESS	4734 ESCALANTE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT FL	3.4 CITY-ST-ZIP	
TITLE	TR	4.1 TITLE	
NAME	REYNOLDS, JACK	4.2 NAME	
STREET ADDRESS	LOT 45, E MYAKKA RIVER RVP	4.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	4.4 CITY-ST-ZIP	
TITLE	TR	5.1 TITLE	PTR
NAME	DOHN, ANN	5.2 NAME	
STREET ADDRESS	88 PALM HARBOR DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PORT FL 34287	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth H. Bergman

4/20/99

(941) 426-9262

Date

Daytime Phone #

CR2E037 (11/98)