

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90241 004 ****61.25

DOCUMENT # 755521

1. Entity Name
NORTH PORT CHRISTIAN CHURCH OF NORTH PORT, FLORI

Principal Place of Business Mailing Address
PAN AMERICAN BLVD. 2800 PAN AMERICAN BLVD.
PORT FL 34287 NORTH PORT FL 34287-1733

717147



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number **65-0557733** Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MELLOR, CORD C.
13801 TAMiami TRAIL
NORTH PORT FL 34287

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	TR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEEMS, BOBBY A.	NAME	
STREET ADDRESS	104 LAZY RIVER ROAD	STREET ADDRESS	
CITY-STATE-ZIP	NORTH PORT FL	CITY-STATE-ZIP	
TITLE	TR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGMAN, KENNETH	NAME	
STREET ADDRESS	4734 ESCALANTE DRIVE	STREET ADDRESS	
CITY-STATE-ZIP	NORTH PORT FL	CITY-STATE-ZIP	
TITLE	TR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, JACK	NAME	
STREET ADDRESS	LOT 45, E MYAKKA RIVER RVP	STREET ADDRESS	
CITY-STATE-ZIP	VENICE FL	CITY-STATE-ZIP	
TITLE	PTR <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOHN, ANN	NAME	
STREET ADDRESS	88 PALM HARBOR DR	STREET ADDRESS	2763 Phoenix Palm Drive
CITY-STATE-ZIP	NORTH PORT FL 34287	CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

CR2E037 (9/99)

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 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: *[Signature]* **SIGNATURE REQUIRED** April 10, 2001 (941) 426-9262
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #