2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0000001457

FILED Sep 11, 2005 Secretary of State

Entity Name: NORTH PORT COMMUNITY CHURCH OF GOD IN CHRIST CHURCH, INC.

Current P		
	rincipal Place of Business:	New Principal Place of Business:
	SHAPOS WAY ORT, FL 34287 US	
Current M	lailing Address:	New Mailing Address:
2779 COV NORTH P	ER LANE ORT, FL 34286 US	P. O. 7580 NORTH PORT, FL 34287 US
In accordan		oration did not receive the prior notice.
Name and	I Address of Current Registere	d Agent: Name and Address of New Registered Agent:
2779 COV		
VORIDE	ORT, FL 34286 US	
	e named entity submits this staten e of Florida.	nent for the purpose of changing its registered office or registered agent, or both,
SIGNATUI		
	Electronic Signature of Re	gistered Agent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR
Γitle: √ame: √ddress:	S AND DIRECTORS: T () Delete HILL, ICY LEE 7505 WEXFORD RD NORTH PORT, FL 34287 US	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address: City-St-Zip:
OFFICER: Vame: Address: Dity-St-Zip: Vame: Name: Address: City-St-Zip:	T () Delete HILL, ICY LEE 7505 WEXFORD RD	Title: () Change () Addition Name: Address:
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	T () Delete HILL, ICY LEE 7505 WEXFORD RD NORTH PORT, FL 34287 US PT () Delete TAYLOR-HARRIS, RICHELLE 3262 MONTCLAIR CIRCLE	Title: () Change () Addition Name: Address: City-St-Zip: Title: PT (X) Change () Addition Name: TAYLOR-HARRIS, RICHELLE Address: 4216 PAWTUCKET STREET
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Name: Name: Name: Address:	T () Delete HILL, ICY LEE 7505 WEXFORD RD NORTH PORT, FL 34287 US PT () Delete TAYLOR-HARRIS, RICHELLE 3262 MONTCLAIR CIRCLE NORTH PORT, FL 34287 US T () Delete COLLINS, MARCIA 2779 COVER LANE	Title: () Change () Addition Name: Address: City-St-Zip: Title: PT (X) Change () Addition Name: TAYLOR-HARRIS, RICHELLE Address: 4216 PAWTUCKET STREET City-St-Zip: NORTH PORT, FL 34286 US Title: () Change () Addition Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCIA R. COLLINS T 09/11/2005