

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001457

FILED
Jan 16, 2009
Secretary of State

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

Current Principal Place of Business:

12713 TAMIAMI TRAIL SOUTH
NORTH PORT, FL 34287 US

New Principal Place of Business:

Current Mailing Address:

P. O. 7580
NORTH PORT, FL 34290 US

New Mailing Address:

FEI Number: 59-3612723 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COLLINS, ELDER CALVIN E SR
2779 COVER LANE
NORTH PORT, FL 34286 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: HILL, ICY LEE
Address: 7505 WEXFORD RD
City-St-Zip: NORTH PORT, FL 34287 US

Title: PT () Delete
Name: TAYLOR-HARRIS, RICHELLE
Address: 4216 PAWTUCKET STREET
City-St-Zip: NORTH PORT, FL 34286 US

Title: T () Delete
Name: COLLINS, MARCIA
Address: 2779 COVER LANE
City-St-Zip: NORTH PORT, FL 34286 US

Title: S () Delete
Name: HARRIS, CHANDRA
Address: 6472 ELMWOOD ROAD
City-St-Zip: NORTH PORT, FL 34287 US

Title: CEO () Delete
Name: COLLINS, CALVIN E SR
Address: 2779 COVER LANE
City-St-Zip: NORTH PORT, FL 34286 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: HARRIS, CHANDRA
Address: 6472 ELMWOOD ROAD
City-St-Zip: NORTH PORT, FL 34287 US

Title: T (X) Change () Addition
Name: BRADLEY, SHANEKI T
Address: 8719 CULEBRA AVENUE
City-St-Zip: NORTH PORT, FL 34287 US

Title: S () Change (X) Addition
Name: KAISER, LISA M
Address: 8630 FAY AVENUE
City-St-Zip: NORTH PORT, FL 34287 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

01/16/2009

Electronic Signature of Signing Officer or Director

Date