

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010614

FILED
Apr 04, 2009
Secretary of State

Entity Name: NORTH PORT BIBLE CHURCH, INC.

Current Principal Place of Business:

3649 ARMOUR TERRACE
NORTH PORT, FL 34291

New Principal Place of Business:

2785 BARRY RD
NORTH PORT, FL 34286

Current Mailing Address:

P.O. BOX 7919
NORTH PORT, FL 34290

New Mailing Address:

FEI Number: 20-5691716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEACH, T J
424 MARQUETTE ROAD
VENICE, FL 34293 US

Name and Address of New Registered Agent:

GIFFORD, CARRIE
2785 BARRY RD
NORTH PORT, FL 34286 US

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: CARRIE GIFFORD

04/04/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LEACH, T J
Address: 424 MARQUETTE ROAD
City-St-Zip: VENICE, FL 34293

Title: D () Delete
Name: PARKS, KEN
Address: 3649 ARMOUR TERRACE
City-St-Zip: NORTH PORT, FL 34286

Title: D () Delete
Name: HENDRICKS, RUSS
Address: 201 ANNAPOLIS LA
City-St-Zip: ROTUNDA WEST, FL 33947

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: MILLER, JOSEPH
Address: 3885 N CRANBERRY BLVD
City-St-Zip: NORTH PORT, FL 34287

Title: TS (X) Change () Addition
Name: GIFFORD, CARRIE
Address: 2785 BARRY RD
City-St-Zip: NORTH PORT, FL 34286

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: CARRIE GIFFORD

TS

04/04/2009

Electronic Signature of Signing Officer or Director

Date