

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39658

1. Entity Name

APOSTOLIC CHRISTIAN CHURCH OF NORTH PORT, INC.

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90074 014 ****61.25

0066733

Principal Place of Business

Mailing Address

8064 PRICE BLVD.
PO BOX 7581
NORTH PORT FL 34287

8064 PRICE BLVD.
PO BOX 7581
NORTH PORT FL 34287

80061038



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2155097

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POHANKA, PERRY
1642 JEWEL DR
SARASOTA FL 34240

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
NAME PD
STREET ADDRESS WEINHARDT, KONRAD
CITY-ST-ZIP 2392 VANCE TERR.
PORT CHARLOTTE FL 33981 ☐ Delete

TITLE
NAME D
STREET ADDRESS TONY LEITENBERGER
CITY-ST-ZIP 14461 BRIDGE VIEW LANE
PORT CHARLOTTE, FL 33953 ☐ Change ☒ Addition

TITLE
NAME PT
STREET ADDRESS POHANKA, PERRY
CITY-ST-ZIP 1642 JEWEL DR
SARASOTA FL 34240 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME S
STREET ADDRESS SPEVAK, GRACE
CITY-ST-ZIP 7490 PRICE BLVD
NORTH PORT FL 34286 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME PD
STREET ADDRESS HERTIG, MAX
CITY-ST-ZIP 3200 BAY RIDGE WAY
PORT CHARLOTTE FL 33953 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME D
STREET ADDRESS GETZ, PAUL
CITY-ST-ZIP 13961 LONG LAKE LN
PORT CHARLOTTE FL 33953 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME D
STREET ADDRESS BOROS, DANIEL
CITY-ST-ZIP 7 GENOA DR.
WARM MINERAL SPRINGS FL 34287 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)