

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2003 8:00 am**  
**Secretary of State**

03-20-2003 90149 030 \*\*\*\*61.25

**DOCUMENT # N39658**

1. Entity Name  
**APOSTOLIC CHRISTIAN CHURCH OF NORTH PORT, INC.**



Principal Place of Business  
**8064 PRICE BLVD.  
PO BOX 7581  
NORTH PORT FL 34287**

Mailing Address  
**8064 PRICE BLVD.  
PO BOX 7581  
NORTH PORT FL 34287**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip  
Country

4. FEI Number **59-2155097**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**POHANKA, PERRY  
1642 JEWEL DR  
SARASOTA FL 34240**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WEINHARDT, KONRAD	
STREET ADDRESS	2392 VANCE TERR.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33981	
TITLE	PT	<input type="checkbox"/> Delete
NAME	POHANKA, PERRY	
STREET ADDRESS	1642 JEWEL DR	
CITY-ST-ZIP	SARASOTA FL 34240	
TITLE	S	<input type="checkbox"/> Delete
NAME	SPEVAK, GRACE	
STREET ADDRESS	7490 PRICE BLVD	
CITY-ST-ZIP	NORTH PORT FL 34286	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HERTIG, MAX	
STREET ADDRESS	3200 BAY RIDGE WAY	
CITY-ST-ZIP	PORT CHARLOTTE FL 33953	
TITLE	D	<input type="checkbox"/> Delete
NAME	GETZ, PAUL	
STREET ADDRESS	13961 LONG LAKE LN	
CITY-ST-ZIP	PORT CHARLOTTE FL 33953	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOROS, DANIEL	
STREET ADDRESS	7 GENOA DR.	
CITY-ST-ZIP	WARM MINERAL SPRINGS FL 34287	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEITENBERGER TONY	
STREET ADDRESS	14461 Bridge View Ln.	
CITY-ST-ZIP	Port Charlotte, FL. 33953	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: 3/17/03 941-925-2049

CR2E037 (10/02)