

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 703160

**FILED**  
**Feb 10, 2017**  
**Secretary of State**  
**CC6232480488**

**Entity Name:** FIRST PRESBYTERIAN CHURCH OF NORTH PORT, FLORIDA

**Current Principal Place of Business:**

5600 S. BISCAYNE DR.  
NORTH PORT, FL 34287

**Current Mailing Address:**

P O BOX 7107  
NORTH PORT, FL 34287

**FEI Number:** 59-3525427

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BREEN, RONALD J RE  
5600 S. BISCAYNE DR.  
NORTH PORT, FL 34287 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:** RONALD J BREEN

02/10/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CO-TRUSTEE  
Name HOUSEHOLDER, JAMES  
Address P O BOX 7107  
City-State-Zip: NORTH PORT FL 34287

Title CO-TRUSTEE, DEACON  
Name MICHAEL, ALEXANDROV  
Address P O BOX 7107  
City-State-Zip: NORTH PORT FL 34287

Title CO-TRUSTEE, RULING ELDER  
Name BREEN, RONALD J  
Address P O BOX 7107  
City-State-Zip: NORTH PORT FL 34287

Title CO-TRUSTEE, RULING ELDER  
Name GROSS, RALPH PHD  
Address P O BOX 7107  
City-State-Zip: NORTH PORT FL 34287

Title CO-TRUSTEE  
Name JAMES, ZENORA  
Address P O BOX 7107  
City-State-Zip: NORTH PORT FL 34287

Title CO-TRUSTEE  
Name BREEN, CAROL JEAN  
Address P O BOX 7107  
City-State-Zip: NORTH PORT FL 34287

Title CO-TRUSTEE  
Name GROSS, JOYCE  
Address P O BOX 7107  
City-State-Zip: NORTH PORT FL 34287

Title CO-TRUSTEE  
Name ELKIN, RON  
Address P O BOX 7107  
City-State-Zip: NORTH PORT FL 34287

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*I hereby 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 all other like empowered.*

**SIGNATURE:** RONALD BREEN

**RULING ELDER**

02/10/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title CO-TRUSTEE  
Name ELKIN, DONNA  
Address P O BOX 7107  
City-State-Zip: NORTH PORT FL 34287