

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703160

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: Yes

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

04/04/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CO-TRUSTEE, DEACON
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 J. BREEN

RULING ELDER

04/04/2016

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