SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $153 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 16 AM 10:25

DOCUMENT # **733764** **(5)**

1. Corporation Name
PORT ST. LUCIE CHRISTIAN CHURCH, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1420 SE FLORESTA DR PORT ST. LUCIE FL 34983	1420 SE FLORESTA DR PORT ST. LUCIE FL 34983

3. Date Incorporated or Qualified: 09/05/1975
3a. Date of Last Report: 07/14/1994
4. FEI Number: 05-0023600 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **FILING FEE IS $61.25**
8. *This corporation has liability for intangible tax under s. 199.032,* Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SAMIOTIS, JOHN
2649 S.E. SOLONA LANE
PORT ST.LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	SLONE, WINFORD	12 NAME		
STREET ADDRESS	442 NW FLORESTA DR.	13 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	JETT, DAVID	22 NAME		
STREET ADDRESS	2391 SE STONECROP ST.	23 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE	SD	☑ Change ☐ Addition
NAME	CALIGUIRE, GREG	32 NAME	Reaser, David	
STREET ADDRESS	752 SE ARTON LN.	33 STREET ADDRESS	2798 Narissa Ave.	
CITY-ST-ZIP	PORT ST. LUCIE FL	34 CITY-ST-ZIP	Port St. Lucie, FL. 34952	
TITLE	TD	41 TITLE		☐ Change ☐ Addition
NAME	SAMIOTIS, JOHN	42 NAME		
STREET ADDRESS	2649 S.E. SOLONA LANE	43 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL	44 CITY-ST-ZIP		
TITLE	ATD	51 TITLE		☐ Change ☐ Addition
NAME	SAMIOTIS, JOHN	52 NAME		
STREET ADDRESS	2649 SOLAPA LANE	53 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Sp. _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017261