SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1997

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

FILED
Aug 18 1997 8:00am
Secretary of State

DOCUMENT # 733764 (5)

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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/05/1975	3a. Date of Last Report: 02/09/1996
2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30
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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

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	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	SLONE, WINFORD		1.2 NAME	TAYLOR, MICHAEL	
STREET ADDRESS	442 NW FLORESTA DR.		1.3 STREET ADDRESS	1312 S.W. COTTONWOOD COVE	
CITY-ST-ZIP	PORT ST. LUCIE FL		1.4 CITY-ST-ZIP	PORT ST. LUCIE, FL. 34986	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	JETT, DAVID		2.2 NAME	SAMIOTIS, JOHN	
STREET ADDRESS	2391 SE STONECROP ST.		2.3 STREET ADDRESS	2649 SOLONA LANE	
CITY-ST-ZIP	PORT ST. LUCIE FL		2.4 CITY-ST-ZIP	PORT ST. LUCIE, FL. 34952	
TITLE	SD	☐ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	SEASER, DAVID		3.2 NAME	HILL, STEVE	
STREET ADDRESS	2798 MARIPOSA AVE		3.3 STREET ADDRESS	321 S.W. BUSWELL AVE.	
CITY-ST-ZIP	PORT ST. LUCIE FL		3.4 CITY-ST-ZIP	PORT ST. LUCIE, FL. 34983	
TITLE	TD	☐ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	SAMIOTIS, JOHN		4.2 NAME	REASER, DAVID	
STREET ADDRESS	2649 S.E. SOLONA LANE		4.3 STREET ADDRESS	2798 MARIPOSA AVE.	
CITY-ST-ZIP	PORT ST. LUCIE FL		4.4 CITY-ST-ZIP	PORT ST. LUCIE, FL. 34952	
TITLE	ATD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SAMIOTIS, JOHN		5.2 NAME		
STREET ADDRESS	2649 SOLAPA LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (4/97)

14. I do 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 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 REQUIRED SAMIOTIS August 18 1997