FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State
02-27-1999 90039 029 ****61.25

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DOCUMENT # 733764

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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	09/05/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 05-0023600 59-2365644 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

DULOM, DONALD N
395 SE CROSSPOINT DR
PORT ST.LUCIE FL 34983

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 Donald N. Dulom 1-26-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	TAYLOR, MICHAEL		1.2 NAME	SAMIOTIS, JOHN	
STREET ADDRESS	1312 SW COTTONWOOD COVE		1.3 STREET ADDRESS	2649 SOLONA LANE	
CITY-ST-ZIP	PORT ST. LUCIE FL		1.4 CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	SD	☐ DELETE	2.1 TITLE	SD	☒ Change ☐ Addition
NAME	BIUS, MIKE		2.2 NAME	BEATH, MIKE	
STREET ADDRESS	1612 MISTLETOE ST		2.3 STREET ADDRESS	791 AUTUMN TERR.	
CITY-ST-ZIP	PT ST LUCIE FL		2. 4 CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DULOM, DONALD		3.2 NAME		
STREET ADDRESS	395 SE CROSSPOINT DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL		3.4. CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	SLONE, WINFORD		4. 2 NAME	GUERCIO, NATALE	
STREET ADDRESS	902 HERON AVE		4.3 STREET ADDRESS	2562 S.W. CARPENTER ST.	
CITY-ST-ZIP	FT PIERCE FL		4.4 CITY-ST-ZIP	PORT ST. LUCIE, FL	
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 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: ~~SIGNATURE REQUIRED~~ Donald N. Dulom 1-26-99 (561) 562-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #