2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 26, 2000 8:00 am Secretary of State DOCUMENT # 733764 1. Entity Name . PORT ST. LUCIE CHRISTIAN CHURCH, INC. 01-26-2000 90042 035 ****61.25 Principal Place of Business Mailing Address 1420 SE FLORESTA DR 1420 SE FLORESTA DR PORT ST. LUCIE FL 34963 PORT ST. LUCIE FL 34983-4016 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 05-0023600 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name James W. McPeek Street Address (P.O. Box Number is Not Acceptable) DULOM, DONALD N 549 S E Thornhill <u>Drive</u> 395 SE CROSSPOINT DR PORT ST.LUCIE FL 34983 City 34983 Port St. Lucie 8. 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed o 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. Delete Change VD TITLE PD Mike Taylor **GUERCIO, NATALE** NAME 1312 Cottonwood Cove STREET ADDRESS 2562 SW CARPENTER ST Port St. Lucie, FL 34986 CITY-ST-ZIP PORT ST. LUCIE_FL ☐ Change Delete TITLE VD Bob Blair BEATH, MIKE NAME 107 S E Ridgecrest Drive STREET ADDRESS **791 AUTUMN TERR** Port St. Lucie, FL 34953 CITY-ST-7IP PT ST LUCIE FL Delete Change TITLE Mike_Bills. DULOM, DONALD NAME

10. Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP Addition TITLE NAME STREET ADDRESS 1612 Mistletoe St. STREET ADDRESS 395 SE CROSSPOINT DR CITY-ST-ZIP CITY-ST-ZIP Port St. Lucie, FL 34983 PORT ST. LUCIE FL Delete Addition Change TITLE TITLE NAME NAME SLONE, WINFORD James W. McPeek TDSTREET ADDRESS STREET ADDRESS 902 HERON AVE 540 S E Thornhill Drive CITY-ST-ZIP CITY-ST-ZIP ft pierce fl <u>Port St. Lucie, FL 34983</u> Delete Change ☐ Addition TITLE NAME SAMIOTIS, JOHN STREET ADDRESS STREET ADDRESS 2649 SOLAPA LANE CITY-ST-ZIP CITY-ST-ZIP PORT ST. LUCIE FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

944 23-00 5617767763 Date Daylime Phone #