2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 08:00 AM
Secretary of State

DOCUMENT # 733764

1. Entity 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

01112005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
05-0023600
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MCPEEK, JAMES W
549 SE THORNHILL DRIVE
PORT ST.LUCIE, FL 34983

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 2/21/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BLAIR, BOB
STREET ADDRESS	107 SE RIDGECREST DRIVE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953
TITLE	SD
NAME	BILLS, MIKE
STREET ADDRESS	1612 MISTLETOE ST
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983
TITLE	TD
NAME	MCPEEK, JAMES W
STREET ADDRESS	540 SE THORNHILL DRIVE
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983
TITLE	PD
NAME	SAMIOTIS, JOHN
STREET ADDRESS	2649 SOLAPA LANE
CITY-ST-ZIP	PORT ST. LUCIE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/25/05-80004-006 70.00

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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: _____ 2/21/2005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #