

**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
**1420 SE FLORESTA DR
PORT ST. LUCIE, FL 34983**

Mailing Address
**1420 SE FLORESTA DR
PORT ST. LUCIE, FL 34983**

DO NOT WRITE IN THIS SPACE



01112005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
05-0023600

Applied For
Not Applicable

5. Certificate of Status Desired

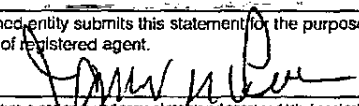
☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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 

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE **2/21/05**

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BLAIR, BOB
107 SE RIDGECREST DRIVE
PORT SAINT LUCIE, FL 34953**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
BILLS, MIKE
1612 MISTLETOE ST
PORT SAINT LUCIE, FL 34983**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
MCPEEK, JAMES W
540 SE THORNHILL DRIVE
PORT SAINT LUCIE, FL 34983**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SAMIOTIS, JOHN
2649 SOLAPA LANE
PORT ST. LUCIE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

UN00000242565
02/25/05-80004-006 70.00

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IN THIS SPACE**

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

Date

Daytime Phone #