

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000000496

**FILED**  
**Apr 04, 2017**  
**Secretary of State**  
**CC2237051656**

**Entity Name:** SOLID ROCK CHURCH OF PORT SAINT LUCIE INC.

**Current Principal Place of Business:**

5892 NORTHWEST CANADA STREET  
PORT SAINT LUCIE, FL 34986

**Current Mailing Address:**

5892 NORTHWEST CANADA STREET  
PORT SAINT LUCIE, FL 34986

**FEI Number:** 46-1867609

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D/P  
Name SPELL, JAMES ANTHONY  
Address 5892 NORTHWEST CANADA STREET  
City-State-Zip: PORT SAINT LUCIE FL 34986

Title DIRECTOR, VP, SECRETARY  
Name SPELL, GLORIA LYNDA  
Address 5892 NORTHWEST CANADA STREET  
City-State-Zip: PORT SAINT LUCIE FL 34986

Title DIRECTOR  
Name WYANT, JOHN  
Address 2000 EAST MARKET STREET  
City-State-Zip: NAPPANEE IN 46550

Title TREASURER  
Name ALVEAR, DOROTHY JEAN  
Address 5892 NORTHWEST CANADA STREET  
City-State-Zip: PORT SAINT LUCIE FL 34986

Title DIRECTOR  
Name MURRAY, DENNIS RAY  
Address 1413 MATTHEW CIRCLE  
City-State-Zip: WEBB CITY MO 64870

Title DIRECTOR  
Name MURRAY, COURTNEY SEDTAL  
Address 1413 MATTHEW CIRCLE  
City-State-Zip: WEBB CITY MO 64870

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** GLORIA LYNDA SPELL

**DIRECTOR, VP,  
SECRETARY**

**04/04/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date