## 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000003444

Entity Name: CHRIST THE KING PSL, INC.

**Current Principal Place of Business:** 

1204 SW DEL RIO BLVD PORT ST. LUCIE. FL 34953

**Current Mailing Address:** 

1204 SW DEL RIO BLVD

PORT ST. LUCIE. FL 34953 UN

FEI Number: 82-4990795 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HUDSON, DAN 5574 SE RUNNING OAK CIRCLE STUART, FL 34997 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: DAN HUDSON 04/05/2022

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

FARMER, HARRY LANPHERE, LES Name Name

1356 SW PORTER ROAD Address Address 518 NW CORNELL AVENUE

City-State-Zip: PORT ST. LUCIE 34983 PORT ST. LUCIE 34953 City-State-Zip:

Title DIRECTOR Title ELDER, AUTHORIZED PERSON

Name CUNNINGHAM, FRED Name HUDSON, DAN Address 1204 SW DEL RIO BLVD Address 5574 SE RUNNING OAK CIRCLE

PORT ST LUCIE FL 34953 City-State-Zip: City-State-Zip: STUART FL 34997

Title DIRECTOR Title **DIRECTOR** 

Name MUNOZ, LIONEL PANDOLPH, JIM Name

Address 1204 SW DEL RIO BLVD 1204 SW DEL RIO BLVD Address City-State-Zip: PORT ST LUCIE FL 34953 PORT ST LUCIE FL 34953

Title DIRECTOR

City-State-Zip:

SCHAUER, BRUCE Name

1204 SW DEL RIO BLVD Address City-State-Zip: PORT ST LUCIE FL 34953

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.

04/05/2022 SIGNATURE: DAN HUDSON **ELDER** 

Electronic Signature of Signing Officer/Director Detail

Date

**FILED** Apr 05, 2022

**Secretary of State** 

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