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FILED

May 01 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 724096 (3)

1. Corporation Name

CHURCH OF CHRIST OF PORT SALERNO, INC.

Principal Place of Business

5421 SE 47TH AVE  
PORT SALERNO FL 34992

Mailing Address

PO BOX 641  
PORT SALERNO FL 34992-06413. Date Incorporated or Qualified  
08/11/19723a. Date of Last Report  
10/11/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

Country

29

30

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

GREEN, LEON  
5695 SE GREEN LN  
STUART FL 34997

10. Name and Address of New Registered Agent

81 Name

Louis Holmes

82 Street Address (P.O. Box Number is Not Acceptable)

1548 W. 32nd St.

83

84 City

Riviera Bch

FL

85 Zip Code

33404

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE  
NAME HOLMES, LOUIS  
STREET ADDRESS 1548 W 32ND ST  
CITY-ST-ZIP RIVIERA BCH FL 33404TITLE DT ☐ DELETE  
NAME WEST, WILLIE  
STREET ADDRESS 5421 SE 47TH AVE  
CITY-ST-ZIP PORT SALERNO FL 34992TITLE DV ☐ DELETE  
NAME RIVERS, WILLIE  
STREET ADDRESS 309 N 14TH ST  
CITY-ST-ZIP FT PIERCE FL 34950TITLE D ☐ DELETE  
NAME ALVIN, TOM  
STREET ADDRESS 1431 N MAGNOLIA CIR  
CITY-ST-ZIP W PALM BCH FL 33401TITLE D ☒ DELETE  
NAME SPENCER, ROSIE LEE  
STREET ADDRESS 501 CHURCH STREET  
CITY-ST-ZIP STUART FLTITLE D ☒ DELETE  
NAME DAVIS, WILLIE MAE  
STREET ADDRESS ROUTE 4 BOX 328  
CITY-ST-ZIP STUART FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP2.1 TITLE DT ☒ Change ☐ Addition  
2.2 NAME West, Willie  
2.3 STREET ADDRESS 5403 SE 47th Ave  
2.4 CITY-ST-ZIP Port Salerno, FL 349923.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0071816

CR2E037 (9/96)