

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90065 010 \*\*\*\*61.25

0075322

**DOCUMENT # 724096**

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

**08/11/1972**

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

**65-0431290**

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOLMES, LOUIS**  
**1548 W. 32ND ST.**  
**RIVIERA BEACH FL 33404**

81 Name

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

83

84 City

**FL**

85 Zip Code

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP

☐ DELETE

1.1 TITLE

☐ Change

☐ Addition

NAME

**HOLMES, LOUIS**

1.2 NAME

STREET ADDRESS

**1548 W 32ND ST**

1.3 STREET ADDRESS

CITY-ST-ZIP

**RIVIERA BCH FL 33404**

1.4 CITY-ST-ZIP

TITLE

DT

☐ DELETE

2.1 TITLE

☐ Change

☐ Addition

NAME

**WEST, WILLIE**

2.2 NAME

STREET ADDRESS

**5403 S.E. 47TH AVE**

2.3 STREET ADDRESS

CITY-ST-ZIP

**PORT SALERNO FL**

2.4 CITY-ST-ZIP

TITLE

DV

☒ DELETE

3.1 TITLE

☒ Change

☐ Addition

NAME

**RIVERS, WILLIE**

3.2 NAME

STREET ADDRESS

**309 N 14TH ST**

3.3 STREET ADDRESS

CITY-ST-ZIP

**FT PIERCE FL 34950**

3.4 CITY-ST-ZIP

**Vice Pres**

**White, Jack D**

**426 SW Kentwood Rd.**

**Port St Lucie, FL 34953**

TITLE

D

☐ DELETE

4.1 TITLE

☐ Change

☐ Addition

NAME

**ALVIN, TOM**

4.2 NAME

STREET ADDRESS

**1431 N MAGNOLIA CIR**

4.3 STREET ADDRESS

CITY-ST-ZIP

**W PALM BCH FL 33401**

4.4 CITY-ST-ZIP

TITLE

☐ DELETE

5.1 TITLE

☐ Change

☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE

☐ DELETE

6.1 TITLE

☐ Change

☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-ST-ZIP

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED. White**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**25 JAN 99 (SLI) 336-4268**  
Date Daytime Phone #

CR2E037 (11/98)