

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 725368**

1. Entity Name

**FIRST BAPTIST CHURCH OF PORT ST. LUCIE, INC.**

Principal Place of Business

**115 N.E. SOLIDA DRIVE  
PORT ST. LUCIE FL 34983**

Mailing Address

**115 N.E. SOLIDA DRIVE  
PORT ST. LUCIE FL 34983**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

6. Name and Address of Current Registered Agent

**WYATT, JACK K.  
843 SEEVERGREEN TERRACE  
PT. ST. LUCIE FL 32983**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00 May Be  
Added to Fees****Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> Delete
NAME	GILLETTE, STACY	
STREET ADDRESS	219 SEGROVE AVE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983	
TITLE	VT	<input type="checkbox"/> Delete
NAME	BRADBERRY, RICHARD	
STREET ADDRESS	@#(*SW LEJUNE ST 239850	
CITY-ST-ZIP	PT. ST. LUCIE FL 34953	
TITLE	ST	<input type="checkbox"/> Delete
NAME	BROOKS, RICH	
STREET ADDRESS	322 SHADY LANE	
CITY-ST-ZIP	PT. ST. LUCIE FL 34953	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 #

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90106 036 \*\*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-1410701**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional  
Fee Required**

CR2E037 (10/00)

0083752