

# 2002 UNIFORM BUSINESS REPORT (UBR)

5/16

**FILED**  
**Jun 18, 2002 8:00 am**  
**Secretary of State**

05-16-2002 90009 040 \*\*\*\*61.25

**DOCUMENT # 725368**

1. Entity Name

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

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1410701**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WYATT, JACK R.**

**849 GEEVERGREEN TERRACE**

**PT. ST. LUCIE FL 34983**

*Delete*

Name **Charles A. Burke, Jr.**

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

**165 S.W. DALTON CIR.**

City **PORT ST. LUCIE, FL**

Zip Code **34952**

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

*Charles A. Burke Jr* *Charles A. Burke Jr* **6-3-02**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PT**  
 NAME **GILLETTE, STACY**  
 STREET ADDRESS **219 SEGROVE AVE**  
 CITY-ST-ZIP **PORT ST. LUCIE FL 34983**

☐ Delete

TITLE **VT**  
 NAME **BRADBERRY, RICHARD**  
 STREET ADDRESS **2398 SW LEJUNE ST**  
 CITY-ST-ZIP **PT. ST. LUCIE FL 34953**

☒ Delete

TITLE **ST**  
 NAME **BROOKS, RICH**  
 STREET ADDRESS **322 SHADY LANE**  
 CITY-ST-ZIP **PT. ST. LUCIE FL 34953**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **VT**  
 NAME **BOB Kennedy**  
 STREET ADDRESS **1322 WHITE OAK LANE**  
 CITY-ST-ZIP **FT. PIERCE, FL 34982**

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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

*Charles A. Burke Jr* **Charles A. Burke, Jr.** **4-25-2002** **772-878-1488**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)