

# 2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # 725368</b> 1. Entity Name <b>FIRST BAPTIST CHURCH OF PORT ST. LUCIE, INC.</b>						<b>FILED</b> <b>04 OCT 28 PM 2:38</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b> 	
Principal Place of Business <b>115 N.E. SOLIDA DRIVE</b> <b>PORT ST. LUCIE, FL 34983</b>				Mailing Address <b>115 N.E. SOLIDA DRIVE</b> <b>PORT ST. LUCIE, FL 34983</b>			
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		10202004 Chg-NP CR2E037 (10/03)			
City & State		City & State		4. FEI Number <b>59-1410701</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip Country		Zip Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>BURKE, CHARLES A JR</b> <b>165 SW DALTON CIR</b> <b>PORT SAINT LUCIE, FL 34952</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <b>HALL, HAROLD</b> <b>401 SW DUREEN ST.</b> <b>PORT ST. LUCIE, FL 34983</b> <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT</b> <b>Terry Wix</b> <b>873 NW Archer Ave</b> <b>Port St. Lucie, FL 34983</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>KENNEDY, BOB</b> <b>1322 WHITE OAKLAND</b> <b>FORT PIERCE, FL 34982</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1322 white oak lane</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>POSTEN, WALT</b> <b>1381 SW MELROSE AVE.</b> <b>PT. ST. LUCIE, FL 34953</b> <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>000042283910</b> <b>10/28/04--01046--007 **61.25</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.							
<b>SIGNATURE:</b> <u>Charles A. Burke, Jr.</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u>10-19-04</u> <small>Date</small>		<u>722-878-1488</u> <small>Daytime Phone #</small>	

CHARLES A. BURKE, JR.