

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725368

FILED
Apr 10, 2008
Secretary of State

Entity Name: FIRST BAPTIST CHURCH OF PORT ST. LUCIE, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1410701

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURKE, CHARLES A JR
115 NE SOLIDA DRIVE
PORT SAINT LUCIE, FL 34983 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P TR () Delete
Name: WIX, TERRY
Address: 873 N.W. ARCHER AVENUE
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: V TR () Delete
Name: HALL, HAROLD
Address: 401 SW DOREEN STREET
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: S TR () Delete
Name: POSTEN, WALT
Address: 1381 SW MELROSE AVE.
City-St-Zip: PT. ST. LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P TR (X) Change () Addition
Name: SNOW, JIM
Address: 602 SW MCCracken AVENUE
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: V TR (X) Change () Addition
Name: MICKLES, RUDY
Address: 1829 SW HICKOCK TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: S TR (X) Change () Addition
Name: WILLETT, GORDON
Address: 522 SW INDIAN KEY DRIVE
City-St-Zip: PORT ST. LUCIE, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES A. BURKE, JR

RA

04/10/2008

Electronic Signature of Signing Officer or Director

Date