


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 741312**  
1. Entity Name  
**STUART CHURCH OF CHRIST, INC.**



Principal Place of Business  
**500 PALM BCH RAOD  
STUART, FL 34994**

Mailing Address  
**P O BOX 164  
STUART, FL 34995**

**DO NOT WRITE IN THIS SPACE**



01212008 No Chg-NP CR2E037 (4/06)

|                                    |   |
|------------------------------------|---|
| 4. FEI Number<br><b>59-2349638</b> | Applied For<br>Not Applicable   |
| 5. Certificate of Status Desired   | <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent  
**LACONTE, PATRICK  
3933 SE FAIRWAY EAST  
STUART, FL 34997**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | P<br>DEEM, JOE<br>2017 SE ALLAMANDA DRIVE<br>PORT SAINT LUCIE, FL 34952   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VST<br>BARNES, GENE<br>1913 NE OCEAN BLVD.<br>STUART, FL 34996            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>LEONARD, WILLIE<br>2732 SE RAWLINGS RD<br>PORT SAINT LUCIE, FL 34952 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>HICKS, CHARLES<br>2122 SW MADRUGA ST<br>PORT SAINT LUCIE, FL 34953   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MOODY, AUSTIN G<br>461 SE SOUTHWOOD TRAIL<br>STUART, FL 34997        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

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02/05/08-80096-006 70.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **1/27/08** **77C-33A-4697**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #