

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006298

FILED  
Apr 06, 2006  
Secretary of State

Entity Name: CHURCH AT ST. LUCIE INC.

**Current Principal Place of Business:**

PO BOX 881121  
PORT ST. LUCIE, FL 34988-112

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 881121  
PORT ST. LUCIE, FL 34988-112

**New Mailing Address:**

FEI Number: 65-1120001

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PHIPPS, PAUL A  
200 SE SIMS CIR  
PORT ST. LUCIE, FL 34984 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 ( ) Delete  
Name: PHIPPS, PAUL A  
Address: 2067 SW IMPORT DRIVE  
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: TT ( ) Delete  
Name: RENTERIA, BEN  
Address: 4561 SW DAEMON ST.  
City-St-Zip: PORT ST LUCIE, FL

Title: TT ( ) Delete  
Name: EVANS, TODD E  
Address: 7330 SHANAS TRAIL  
City-St-Zip: PSC, FL 39982

Title: TT ( ) Delete  
Name: SCHWENL, MIKE  
Address: 5783 NW CULENRA AVE  
City-St-Zip: JUPITER, FL 34986

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: TODD E. EVANS

TRUS

04/06/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date