2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N01000006298

Address:

City-St-Zip:

5783 NW CULENRA AVE

JUPITER, FL 34986

FILED Sep 28, 2007 Secretary of State

			,	
Entity Nar	me: CHURCH AT ST. LUCIE INC.			
Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
PO BOX 881121 PORT ST. LUCIE, FL 34988-112			1204 SW DEL RIO BLVD PORT ST. LUCIE, FL 34953	
Current Mailing Address:		New Mailing Addres	New Mailing Address:	
PO BOX 88 PORT ST.	81121 LUCIE, FL 34988-112			
In accordance	ce with s. 607.193(2)(b), F.S., the corporation did not rec	<u>.</u>	Certificate of Status Desired ()	
Name and	Address of Current Registered Agent:	Name and Address	of New Registered Agent:	
PHIPPS, PAUL A 200 SE SIMS CIR PORT ST. LUCIE, FL 34984 US			PHIPPS, PAUL A 2067 SW IMPORT DRIVE PORT ST. LUCIE, FL 34984 US	
	named entity submits this statement for the purpo e of Florida.	ose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: PAUL PHIPPS			09/28/2007	
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () Delete PHIPPS, PAUL A 2067 SW IMPORT DRIVE PORT ST. LUCIE, FL 34953	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TT () Delete RENTERIA, BEN 4561 SW DAEMON ST. PORT ST LUCIE, FL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TT () Delete EVANS, TODD E 7330 SHANAS TRAIL PSC, FL 39982	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	TT () Delete SCHWENL, MIKE	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: PAUL PHIPPS P 09/28/2007