

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2004 8:00 am
Secretary of State

03-31-2004 90037 042 ****61.25

DOCUMENT # N02000000327

1. Entity Name
ALL VILLAGES PRESBYTERIAN CHURCH (USA), INC.



Principal Place of Business
**619 SW LAKE CHARLESCIRCLE
ST. LUCIE WEST, FL 34986**

Mailing Address
**619 SW LAKE CHARLESCIRCLE
ST. LUCIE WEST, FL 34986**

34040000



2. Principal Place of Business
1550 S.W. HEATHERWOOD BLVD

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02212004 Chg-NP CR2E037 (10/03)

City & State
ST. LUCIE WEST, FL

City & State

4. FEI Number
02-0544468

Applied For
Not Applicable

Zip
34986

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MAXAM, NOEL R
432 NW WISMORE LANE
ST. LUCIE WEST, FL 34986**

Name
MAXAM, NOEL R.
Street Address (P.O. Box Number is Not Acceptable)
432 NW LISMORE LANE
City
ST. LUCIE WEST FL Zip Code
34986

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/22/04

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BENSON, LISA
9219 AVENEL LANE
PORT ST. LUCIE, FL 34986** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BENSON, LISA
9630 FAIRWOOD COURT
PORT ST. LUCIE, FL 34986** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
SINGLETARY, ALMA
1571 SW FRESNO ROAD
PORT ST. LUCIE, FL 34953** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
MAXAM, NOEL R
432 NW LISMORE LANE
PORT SAINT LUCIE, FL 34986** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

TITLE
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CITY - ST - ZIP
☐ Delete

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☐ Change ☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

NOEL R. MAXAM

3/22/04

772-879-1716