
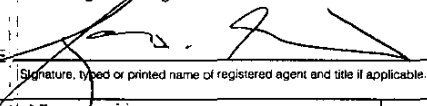
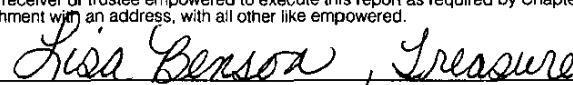


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90124 022 \*\*\*\*70.00

<b>DOCUMENT # N02000000327</b> 1. Entity Name <b>ALL VILLAGES PRESBYTERIAN CHURCH (USA), INC.</b>			
Principal Place of Business <b>1550 S W HEATHERWOOD BLVD ST. LUCIE WEST, FL 34986</b>		Mailing Address <b>619 SW LAKE CHARLESCIRCLE ST. LUCIE WEST, FL 34986</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>1550 SW Heatherwood Blvd.</b>	
City & State <b>St Lucie West, FL</b>		4. FEI Number <b>02-0544468</b>	
Zip <b>34986</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MAXAM, NOEL R 432 NW LISMORE LANE ST. LUCIE WEST, FL 34986</b>		7. Name and Address of New Registered Agent Name <b>Sam Beatty</b> Street Address (P.O. Box Number is Not Acceptable) City <b>Port St Lucie</b> <b>FL</b> Zip Code <b>34986</b>	
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  DATE <b>3/15/05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BENSON, LISA</b> <b>9630 FAIRWOOD COURT</b> <b>PORT ST. LUCIE, FL 34986</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SINGLETARY, ALMA</b> <b>1571 SW FRESNO ROAD</b> <b>PORT ST. LUCIE, FL 34953</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MAXAM, NOEL R</b> <b>432 NW LISMORE LANE</b> <b>PORT SAINT LUCIE, FL 34986</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P Sam Beatty</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Betty Shearer</b> <b>920 SE Atlantic Avenue</b> <b>Port St Lucie, FL 34983</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.			
<b>SIGNATURE:</b>  <b>Treasurer</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>3/15/05</b> <b>772-467-0120</b> <small>Date Daytime Phone #</small>	