

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010854

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: DISCOVERY CHURCH OF PORT ST LUCIE FLORIDA INC

**Current Principal Place of Business:**

5707 CASSIA DR  
FORT PIERCE, FL 34982 US

**New Principal Place of Business:**

**Current Mailing Address:**

5707 CASSIA DR  
FORT PIERCE, FL 34982 US

**New Mailing Address:**

PO BOX 880462  
PORT ST. LUCIE, FL 34988 US

FEI Number: 26-3793006

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

O'CARROLL, TIMOTHY C  
5707 CASSIA DR  
FORT PIERCE, FL 34982 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: O'CARROLL, TIMOTHY C  
Address: 5707 CASSIA DR.  
City-St-Zip: FORT PIERCE, FL 34982 US

Title: TREA ( ) Delete  
Name: JANSIK, JOSEPH M  
Address: 11667 TWIN CREEKS DR  
City-St-Zip: FORT PIERCE, FL 34945 US

Title: SEC ( ) Delete  
Name: HARDEN, JANESEA M  
Address: 5805 MELVILLE RD  
City-St-Zip: FORT PIERCE, FL 34982 US

**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:

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.

SIGNATURE: TIMOTHY C. O'CARROLL

P

04/28/2009

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

\_\_\_\_\_  
Date