## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N11000004016

FILED Apr 17, 2012 Secretary of State

Entity Name: FAITHWORLD CENTER OF PORT ST. LUCIE, INC.

Current Principal Place of Business: New Principal Place of Business:

5555 N.W. JAMES DRIVE 5555 N.W. ST JAMES DRIVE PORT ST. LUCIE, FL 34983 PORT ST. LUCIE, FL 34983

Current Mailing Address: New Mailing Address:

5555 N.W. JAMES DRIVE 5555 N.W. ST JAMES DRIVE PORT ST. LUCIE, FL 34983 PORT ST. LUCIE, FL 34983

FEI Number: 45-2154615 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

HIRES, ERIC V 2739 TAYLOR AVENUE ORLANDO, FL 32806 US

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: [

Name: BROWN, CLINT S

Address: 7601 FORREST CITY ROAD City-St-Zip: ORLANDO, FL 32810

Title: D

Name: BROWN, RANDY
Address: 378 RACCOON STREET
City-St-Zip: LAKE MARY, FL 32746

Title: D

Name: SHACKELFORD, DOUGLAS Address: 11209 VERANDA COURT City-St-Zip: BRADENTON, FL 34209

Title: D

Name: HAYES, DOUGLAS Address: 4754 ATWOOD DRIVE City-St-Zip: ORLANDO, FL 32828

Title: D

Name: POOLE, JEFFREY
Address: 202 RIVER OAK COURT
City-St-Zip: KATHLEEN, GA 31047

I hereby 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 all other like empowered.

SIGNATURE: DOUGLAS HAYES D 04/17/2012