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95 APR 20 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N16319 (8)**

1. Corporation Name
THE FIRST PRESBYTERIAN CHURCH OF PORT ST. LUCIE, INC.

Principal Place of Business Mailing Address

1532 MIDPORT RD P.O. BOX 7807 PORT ST LUCIE FL 34985

1532 MIDPORT RD P.O. BOX 7807 PORT ST LUCIE FL 34985

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/10/1986** 3a. Date of Last Report **04/20/1994**

4. FEI Number **59-2714300** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

GEORGE, RICHARD A. RE
1532 MIDPORT RD
PORT ST LUCIE FL 34985

10. Name and Address of New Registered Agent

81 Name **WILLIAM JB TIMBERMAN**

82 Street Address (P.O. Box Number is Not Acceptable)
1532 MIDPORT RD

83

84 City **PORT ST LUCIE FL** 85 Zip Code **34952**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **WILLIAM JB TIMBERMAN** DATE **4-16-95**

By signing this form, the principal officer or registered agent certifies that it is applicable. (NOTE: Registered Agent signature required when registering.)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------|---|---|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PENICK, RALPH | 1.2 NAME | |
| STREET ADDRESS | 1950 MANDRAKE CIRCLE | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | PORT ST. LUCIE FL | 1.4 CITY - ST - ZIP | |
| TITLE | VD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FREY, ROBERT | 2.2 NAME | |
| STREET ADDRESS | 479 NW RAVENSWOOD LANE | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | PORT ST. LUCIE FL | 2.4 CITY - ST - ZIP | |
| TITLE | SD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TIMBERMAN, WILLIAM J.B. | 3.2 NAME | |
| STREET ADDRESS | 302 SW EASTPORT CIR | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | PORT ST LUCIE FL | 3.4 CITY - ST - ZIP | |
| TITLE | T | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NEILSON, PATRICIA | 4.2 NAME | |
| STREET ADDRESS | 2089 BURLINGTON STREET | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | PORT ST. LUCIE FL | 4.4 CITY - ST - ZIP | |
| TITLE | D | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCCOMAS, LORA | 5.2 NAME | |
| STREET ADDRESS | 1225 NW 21ST STREET, #808 | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | STUART FL | 5.4 CITY - ST - ZIP | |
| TITLE | D | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TIMBERMAN, WILLIAM | 6.2 NAME | |
| STREET ADDRESS | 302 SW EASTPORT CIRCLE | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | PORT ST. LUCIE FL | 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **WILLIAM JB TIMBERMAN** DATE **4/16/95** 407-466-3038

PRINTED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #