

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

1552 MIDPORT RD
P.O. BOX 7607
PORT ST LUCIE FL 34985

1552 MIDPORT RD
P.O. BOX 7607
PORT ST LUCIE FL 34985

3. Date Incorporated or Qualified
08/10/1986

3a. Date of Last Report
04/20/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2714300

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~TIMBERMAN, WILLIAM JB~~
~~1552 MIDPORT RD~~
~~PORT ST LUCIE FL 34952~~

81 Name DR JAMES E NIMMO, III
82 Street Address (P.O. Box Number is Not Acceptable) 1552 MIDPORT ROAD
83
84 City PORT ST LUCIE FL 85 Zip Code 34985

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

James E Nimmo, III
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3-17-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PP	<input type="checkbox"/> DELETE
NAME	PENICK, RALPH	
STREET ADDRESS	1950 MANDRAKE CIRCLE	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FREY, ROBERT	
STREET ADDRESS	479 NW RAVENSWOOD LANE	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	TIMBERMAN, WILLIAM J.B.	
STREET ADDRESS	302 SW EASTPORT CIR	
CITY-ST-ZIP	PORT ST LUCIE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	NEILSON, PATRICIA	
STREET ADDRESS	2089 BURLINGTON STREET	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCCOMAS, LORA	
STREET ADDRESS	1225 NW 21ST STREET, #806	
CITY-ST-ZIP	STUART FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TIMBERMAN, WILLIAM	
STREET ADDRESS	302 SW EASTPORT CIRCLE	
CITY-ST-ZIP	PORT ST. LUCIE FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Wallace Nelson
2.3 STREET ADDRESS	2089 BURLINGTON ST
2.4 CITY-ST-ZIP	PORT ST LUCIE FL 34952
3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	OKNELLIE S KRIS
3.3 STREET ADDRESS	6789 S INDIAN RIVER DR
3.4 CITY-ST-ZIP	FT PIERCE FL 34982
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Lilia Rodriguez
5.3 STREET ADDRESS	719 CARNIVAL AVE
5.4 CITY-ST-ZIP	PORT ST LUCIE FL 34983
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	STANLEY DEVOE
6.3 STREET ADDRESS	1862 SE EL ROSA ST
6.4 CITY-ST-ZIP	PORT ST LUCIE FL 34952

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 119.07(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:

Ralph A. Penick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

3/17/96

407-466-1600

CR2E037 (12/95)