

FILE NOW: FILING FEE IS \$61.25

FILED

May 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N16319 (8)**

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



Principal Place of Business <b>1552 MIDPORT RD P.O. BOX 7607 PORT ST LUCIE FL 34985</b>	Mailing Address <b>1552 MIDPORT RD P.O. BOX 7607 PORT ST LUCIE FL 34985-7607</b>
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3. Date Incorporated or Qualified <b>08/10/1986</b>	3a. Date of Last Report <b>03/27/1996</b>
4. FEI Number <b>59-2714300</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29 30

9. Name and Address of Current Registered Agent

**NIMMO, III DR. JAMES  
1552 MIDPORT ROAD  
PORT ST. LUCIE FL 34952**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>PENICK, RALPH</b>	
STREET ADDRESS	<b>1950 MANDRAKE CIRCLE</b>	
CITY-ST-ZIP	<b>PORT ST. LUCIE FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>NEILSON, WALLACE</b>	
STREET ADDRESS	<b>2089 BURLINGTON STREET</b>	
CITY-ST-ZIP	<b>PORT ST. LUCIE FL</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>KREIS, NELLIE S.</b>	
STREET ADDRESS	<b>6789 INDIAN RIVER DRIVE</b>	
CITY-ST-ZIP	<b>FORT PIERCE FL</b>	
TITLE	T	<input type="checkbox"/> DELETE
NAME	<b>NEILSON, PATRICIA</b>	
STREET ADDRESS	<b>2089 BURLINGTON STREET</b>	
CITY-ST-ZIP	<b>PORT ST. LUCIE FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>RODRIGUEZ, LILIA</b>	
STREET ADDRESS	<b>719 CARNIVAL AVENUE</b>	
CITY-ST-ZIP	<b>PORT ST. LUCIE FL</b>	
TITLE	D	<input type="checkbox"/> DELETE
NAME	<b>EVOE, STANLEY</b>	
STREET ADDRESS	<b>1862 SE EL ROSE STREET</b>	
CITY-ST-ZIP	<b>PORT ST. LUCIE FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Smith, John</b>	
1.3 STREET ADDRESS	<b>1626 S.W. Import Dr.</b>	
1.4 CITY-ST-ZIP	<b>Port St. Lucie FL 34953</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>DeVoe Stanley</b>	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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: **NO SIGNATURE REQUIRED** **4/20/97 (56) 465-1989**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 007 1630

CR2E037 (9/96)