


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 04 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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 1552 MIDPORT RD P.O. BOX 7607 PORT ST LUCIE FL 34985	Mailing Address 1552 MIDPORT RD P.O. BOX 7607 PORT ST LUCIE FL 34985
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3. Date Incorporated or Qualified <b>08/10/1986</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>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input 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	28 Zip
24 Country	29 Country
25	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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input type="checkbox"/>
NAME	SMITH, JOHN	
STREET ADDRESS	1626 S.W. IMPORT DR.	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	VD	<input type="checkbox"/>
NAME	NEILSON, WALLACE	
STREET ADDRESS	2089 BURLINGTON STREET	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	SD	<input type="checkbox"/>
NAME	KREIS, NELLIE S.	
STREET ADDRESS	6789 INDIAN RIVER DRIVE	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	T	<input type="checkbox"/>
NAME	NEILSON, PATRICIA	
STREET ADDRESS	2089 BURLINGTON STREET	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	D	<input type="checkbox"/>
NAME	RODRIGUEZ, LILIA	
STREET ADDRESS	719 CARNIVAL AVENUE	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	D	<input type="checkbox"/>
NAME	DEVOE, STANLEY	
STREET ADDRESS	1862 SE EL ROSE STREET	
CITY-ST-ZIP	PORT ST. LUCIE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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:** *John P. Smith* **DATE:** *Jan. 21st 1998* **FILE REQUIRED:** *335-8900*

CR2E037 (10/97)