


FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90045 002 ****61.25

| | | |
|---|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # N16319

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

561499 - 90088 - 16



| | |
|---|---|
| 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 |
|---|---|

| | | |
|--------------------------------------|---------------------------|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 28 | 3. Date Incorporated or Qualified 08/10/1986 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-2714300 |
| City & State 23 | City & State 28 | Applied For Not Applicable |
| Zip 24 | Country 25 | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| | Zip 29 | Country 30 |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

| | |
|---|---|
| 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 FL 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 Rev JAMES E NIMMO III R. D. James E. Nimmo III 4-19-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when first filing) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SMITH, JOHN | 1.2 NAME | KINDLE, BARBARA |
| STREET ADDRESS | 1826 S.W. IMPORT DR. | 1.3 STREET ADDRESS | Giralda St. |
| CITY-ST-ZIP | PORT ST. LUCIE FL | 1.4 CITY-ST-ZIP | Port St. Lucie, FL 34952 |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | Hawkins, Ida <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | NEILSON, WALLACE | 2.2 NAME | 8807 S. Indian River Dr. |
| STREET ADDRESS | 2089 BURLINGTON STREET | 2.3 STREET ADDRESS | Fort Pierce, FL 34982 |
| CITY-ST-ZIP | PORT ST. LUCIE FL | 2.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 3.1 TITLE | PRIEST, JEAN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KREIS, NELLIE S. | 3.2 NAME | 483 S.E. Asbury Lane |
| STREET ADDRESS | 6789 INDIAN RIVER DRIVE | 3.3 STREET ADDRESS | PORT ST. LUCIE, FL 34983 |
| CITY-ST-ZIP | FORT PIERCE FL | 3.4 CITY-ST-ZIP | |
| TITLE | T <input checked="" type="checkbox"/> DELETE | 4.1 TITLE | |
| 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 <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | |
| NAME | RODRIGUEZ, LILIA | 5.2 NAME | |
| STREET ADDRESS | 719 CARNIVAL AVENUE | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | PORT ST. LUCIE FL | 5.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | |
| NAME | DEVOE, STANLEY | 6.2 NAME | |
| STREET ADDRESS | 1862 SE EL ROSE STREET | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | PORT ST. LUCIE FL | 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, with all other like empowered.

SIGNATURE: John P. Smith **SIGNATURE REQUIRED** JOHN P. SMITH 4-21-99 561 336 1855
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)