

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90124 039 ****61.25

DOCUMENT # N16319

1. Entity Name

THE FIRST PRESBYTERIAN CHURCH OF PORT ST. LUCIE,

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 34985-7607



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2714300

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD Delete
 NAME SMITH, JOHN
 STREET ADDRESS 1626 S.W. IMPORT DR.
 CITY-ST-ZIP PORT ST. LUCIE FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP 34953-2405

TITLE VD Delete
 NAME NEILSON, WALLACE
 STREET ADDRESS 2089 BURLINGTON STREET
 CITY-ST-ZIP PORT ST. LUCIE FL

TITLE VD Change Addition
 NAME SCARLETT, WILLIAM
 STREET ADDRESS 1953 SW TAURUS LANE
 CITY-ST-ZIP Port St Lucie FL 34984

TITLE SD Delete
 NAME KREIS, NELLIE S.
 STREET ADDRESS 6789 INDIAN RIVER DRIVE
 CITY-ST-ZIP FORT PIERCE FL

TITLE SD Change Addition
 NAME NEILSON, WALLACE
 STREET ADDRESS 2089 BURLINGTON ST
 CITY-ST-ZIP Port St Lucie FL

TITLE T Delete
 NAME KINDLE, BARBARA
 STREET ADDRESS 4 GIRAIDA ST
 CITY-ST-ZIP PORT SAINT LUCIE FL 34952

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME HAWKINS, IDA
 STREET ADDRESS 8807 S. INDIAN RIVER DR
 CITY-ST-ZIP FORT PIERCE FL 34982

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME PRIEST, JEAN
 STREET ADDRESS 483 S.E. ASHBURY LN
 CITY-ST-ZIP PORT SAINT LUCIE FL 34983

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara Kindle* **Barbara Kindle** 5/5/00 (661) 335-8900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)