

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 91354 027 \*\*\*\*61.25

**DOCUMENT # N16319**

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

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	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
-----	---------	-----	---------

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</b> Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**NIMMO, III DR. JAMES**  
**1552 MIDPORT ROAD**  
**PORT ST. LUCIE FL 34952**

7. Name and Address of New Registered Agent  
 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 *Linda Richardson* **2/25/01**  
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <del>SMITH, JOHN</del> 1628 S.W. IMPORT DR. PORT ST. LUCIE FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <del>NEILSON, WALLACE</del> 2000 BURLINGTON STREET PORT ST. LUCIE FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <del>KREIS, NELLIE S.</del> 6785 INDIAN RIVER DRIVE FORT PIERCE FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KINDLE, BARBARA 4 GIRAIDA ST PORT SAINT LUCIE FL 34952 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <del>HAWKINS, HDA</del> 8807 S. INDIAN RIVER DR FORT PIERCE FL 34982 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PRIEST, JEAN 483 S.E. ASHBURY LN PORT SAINT LUCIE FL 34983 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RALPH PENICK 579 BROOKSIDE TRL PORT ST LUCIE FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LINDA RICHARDSON 2812 SE BARKERSFIELD ST PORT ST LUCIE FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LYNN HEWITT 814 MEADOW LAKE LANE PORT ST LUCIE FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition STANLEY DE VOE 1802 SE EL ROSE ST PORT ST LUCIE FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* **2/25/01** **335-8900**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)