

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90096 004 ****61.25

UBR02/1

DOCUMENT # N16319

1. Entity Name

THE FIRST PRESBYTERIAN CHURCH OF PORT ST. LUCIE, INC.

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

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



DO NOT WRITE IN THIS SPACE

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

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	<input type="checkbox"/> Delete
NAME	PENICK, RALPH	
STREET ADDRESS	579 BROOKSIDE TERR	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RICHARDSON, LINDA	
STREET ADDRESS	2812 SE BAKERSFIELD STREET	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HEWITT, LYNN	
STREET ADDRESS	8141 MEADOW LARK LANE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KINDLE, BARBARA	
STREET ADDRESS	4 GIRAIDA ST	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEVOE, STANLY	
STREET ADDRESS	1862 SE EL ROSE STREET	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRIEST, JEAN	
STREET ADDRESS	483 S.E. ASHBURY LN	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ELLSWORTH, JERRY	
STREET ADDRESS	2101 SE ARBOR RD	
CITY-ST-ZIP	PORT ST LUCIE FL 34952-5649	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Jerry Ellsworth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1-25-02 Daytime Phone #: 861-335-9482

CP2E037 (9/01)