


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-09-2004 90054 032 ****61.25

DOCUMENT # N16319
 1. Entity Name
THE FIRST PRESBYTERIAN CHURCH OF PORT ST. LUCIE, INC.



Principal Place of Business Mailing Address
 1552 MIDPORT RD 1552 MIDPORT RD
 P.O. BOX 7607 P.O. BOX 7607
 PORT ST LUCIE FL 34985 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



MOORE CR2E037 (11/03)

4. FEI Number **59-2714300** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
NIMMO, III DR. JAMES
~~1552 MIDPORT ROAD~~ *Box 7607*
~~PORT ST. LUCIE FL 34952~~ *Port St Lucie FL 34985*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, JOHN <input type="checkbox"/> Delete 1626 S.W. IMPORT ST. PORT SAINT LUCIE FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RICHARDSON, LINDA <input type="checkbox"/> Delete 2812 SE BAKERSFIELD STREET PORT SAINT LUCIE FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEWITT, LYNN <input type="checkbox"/> Delete 8141 MEADOW LARK LANE PORT SAINT LUCIE FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete ELLSWORTH, JERRY 2101 SE ABCOR RD PORT SAINT LUCIE FL 34952-5649
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete DEVOE, STANLY 1862 SE EL ROSE STREET PORT SAINT LUCIE FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete EGE, DON 3307 IRONWOOD AVE. PORT SAINT LUCIE FL 34952

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T NEILSON, PATRICIA 358 BRAZILIAN CIRCLE PORT ST LUCIE FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 407 S.W. GUIDANCE TRAIL PORT ST LUCIE FL 34953

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: *John P. Smith* Date: *2/22/04* Daytime Phone #: *712-336-1855*