

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90214 035 \*\*\*\*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  
**2731 SE MorningSide Blvd** **Box 7607**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
**Port St Lucie FL** **Port St Lucie FL**  
 Zip Country Zip Country  
**34952 ST LUCIE** **34985 ST LUCIE**

00010JDB

1st MOORE CR2E037 (10/04)

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**  
**BOX 7607**  
**PORT SAINT 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 \_\_\_\_\_ 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**  
**Due By May 1, 2005**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, JOHN 1626 S.W. IMPORT ST. PORT SAINT LUCIE FL 34983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RICHARDSON, LINDA 2812 SE BAKERSFIELD STREET PORT SAINT LUCIE FL 34952 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Lenox, FRANK</b> <b>8536 Gallberry Circle</b> <b>Port St Lucie FL 34952</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEWITT, LYNN 8141 MEADOW LARK LANE PORT SAINT LUCIE FL 34952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEILSON, PATRICIA 358 BRAZILIAN CIRCLE PORT SAINT LUCIE FL 34952- <del>5049</del> 1300 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEVOE, STANLY 1862 SE EL ROSE STREET PORT SAINT LUCIE FL 34952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EGE, DON 467 SW SUNDANCE TRL. PORT SAINT LUCIE FL 34953 <input type="checkbox"/> Delete	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: **Rev James E. Nimmo III** 2/18/05 335-8900  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #