


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90037 022 ****61.25

DOCUMENT # N16319			
1. Entity Name THE FIRST PRESBYTERIAN CHURCH OF PORT ST. LUCIE, INC.			
Principal Place of Business 2731 SE MORNINGSIDE BLVD PORT SAINT LUCIE FL 34952		Mailing Address BOX 7607 PORT SAINT LUCIE FL 34985	
2. Principal Place of Business 2240 S.E. WALTON RD.		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Port St. Lucie FL		City & State	
Zip 34952	Country ST. LUCIE	Zip	Country
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	
4. FEI Number 59-2714300 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
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, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 LENOX, FRANK 8536 GALLBERRY CIRCLE 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	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 34952-1300 <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 checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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 exemptions contained in Section 119, 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.			



1st MOORE CR2E037 (10/05)

SIGNATURE: Donald H. Ege 2-15-06