


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90097 035 \*\*\*\*61.25

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



Principal Place of Business      Mailing Address  
2240 SE WALTON RD      BOX 7607  
PORT SAINT LUCIE FL 34952      PORT SAINT LUCIE FL 34985



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

1st MOORE      CR2E037 (10/06)

City & State      City & State

4. FEI Number      Applied For  
**59-2714300**      Not Applicable

Zip      Country      Zip      Country

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 \_\_\_\_\_  
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**  
**Due By May 1, 2007**

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	PD	<input type="checkbox"/> Delete
NAME	SMITH, JOHN	
STREET ADDRESS	1626 S.W. IMPORT ST.	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LENOX, FRANK	
STREET ADDRESS	8536 GALLBERRY CIRCLE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	HEWITT, LYNN	
STREET ADDRESS	8141 MEADOW LARK LANE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	T	<input type="checkbox"/> Delete
NAME	NEILSON, PATRICIA	
STREET ADDRESS	358 BRAZILIAN CIRCLE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952-1300	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KEN, MAZUR	
STREET ADDRESS	2714 SE EAGLE DR	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34984	
TITLE	D	<input type="checkbox"/> Delete
NAME	EGE, DON	
STREET ADDRESS	467 SW SUNDANCE TRL.	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34953	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HINES, DIANE	
STREET ADDRESS	181 W CARRIBBEAN	
CITY-ST-ZIP	Port St Lucie FL 34952	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OSTERHOUDT, KEN	
STREET ADDRESS	3104 S.E. GUINEVERE LANE	
CITY-ST-ZIP	Port St Lucie FL 34952	
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 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.

**SIGNATURE:** *Diane Hines*      05-2007