

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2008 8:00 am
Secretary of State

02-05-2008 90010 020 ****61.25

DOCUMENT # N16319



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

Principal Place of Business
 2240 SE WALTON RD
 PORT SAINT LUCIE, FL 34952

Mailing Address
 BOX 7607
 PORT SAINT LUCIE, FL 34985

40010000



01042008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2714300	Applied For Not Applicable
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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

DO NOT WRITE IN THIS SPACE

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 _____

Filing Fee is \$61.25 Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, JOHN 1626 S.W. IMPORT ST. PORT SAINT LUCIE, FL 34983
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LENOX, FRANK <i>Frank Lenox</i> 8536 GALLBERRY CIRCLE PORT SAINT LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HINES, DIANE <i>Bobbie SHANNON</i> 181 W CARRIBBEAN <i>8221 MAIDENCANE PL</i> PORT SAINT LUCIE, FL 34952 - 2620
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NEILSON, PATRICIA 358 BRAZILIAN CIRCLE PORT SAINT LUCIE, FL 349521300
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSTERHOUDT, KEN 3104 SE GUINEVERE LANE PORT SAINT LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EGE, DON 467 SW SUNDANCE TRL. PORT SAINT LUCIE, FL 34953

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Frank Lenox*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-08
 Date Daytime Phone #