

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16319

FILED
Feb 19, 2009
Secretary of State

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

Current Principal Place of Business:

2240 SE WALTON RD
PORT SAINT LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

BOX 7607
PORT SAINT LUCIE, FL 34985

New Mailing Address:

FEI Number: 59-2714300 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NIMMO, III DR. JAMES
BOX 7607
PORT SAINT LUCIE, FL 34985 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, JOHN
Address: 1626 S.W. IMPORT ST.
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VD () Delete
Name: LENOX, FRANK
Address: 8536 GALLBERRY CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: SD () Delete
Name: SHANNON, BOBBIE
Address: 8221 MAIDEN CAVE PL
City-St-Zip: PORT SAINT LUCIE, FL 349522620

Title: T () Delete
Name: NEILSON, PATRICIA
Address: 358 BRAZILIAN CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 349521300

Title: D () Delete
Name: OSTERHOUDT, KEN
Address: 3104 SE GUINEVERE LANE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D () Delete
Name: EGE, DON
Address: 467 SW SUNDANCE TRL.
City-St-Zip: PORT SAINT LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MAZUR, KENNETH
Address: 2714 S.E. EAGLE DR
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: TODD, JERRY
Address: P.O. BOX 579
City-St-Zip: JENSEN BEACH, FL 34958

Title: D (X) Change () Addition
Name: FLOWERS, MILTON
Address: 467 S.W. SUNDANCE TRAIL
City-St-Zip: PORT SAINT LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENNETH MAZUR

PD

02/19/2009

Electronic Signature of Signing Officer or Director

_____ Date