

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90096 047 ****61.25

22004254



CHECK HERE IF MAKING CHANGES

DOCUMENT # N16319

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

Principal Place of Business
**1552 MIDPORT RD
P.O. BOX 7607
PORT ST LUCIE FL 34985**

Mailing Address
**1552 MIDPORT RD
P.O. BOX 7607
PORT ST LUCIE FL 34985**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

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
1552 MIDPORT ROAD
PORT ST. LUCIE FL 34952**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable.

FILE NOW: FEE IS \$61.25

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 checked="" type="checkbox"/> Delete
NAME	PENICK, RALPH	
STREET ADDRESS	579 BROOKSIDE TERR	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	
TITLE	VD	<input type="checkbox"/> Delete
NAME	RICHARDSON, LINDA	
STREET ADDRESS	2812 SE BAKERSFIELD STREET	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	SD	<input 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	ELLSWORTH, JERRY	
STREET ADDRESS	2101 SE ABCOR RD	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952-5649	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEVOE, STANLY	
STREET ADDRESS	1862 SE EL ROSE STREET	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PRIEST, JEAN	
STREET ADDRESS	483 S.E. ASHBURY LN	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, JOHN	
STREET ADDRESS	1626 S W IMPORT ST	
CITY-ST-ZIP	PORT ST. LUCIE FL 34953	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EGE, DON	
STREET ADDRESS	3307 IRONWOOD AVE	
CITY-ST-ZIP	PORT ST LUCIE FL 34952	

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: Jerry Ellsworth Jerry Ellsworth **2-3-03** **772-335-8900**

CR2E037 (10/02)