

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 13 PM 2:41

**DOCUMENT # N20774 (8)**  
1. Corporation Name  
**FIRST CHRISTIAN CHURCH OF FORT PIERCE, FLORIDA**

Principal Place of Business Mailing Address  
**217 NORTH U.S. #1  
311 SOUTH SECOND ST. SUITE 200  
FORT PIERCE FL 34950  
US** **C/O WILLIAM CRESSY  
3213 RIDGEHAVEN ROAD  
FORT PIERCE FL 34950  
US**

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified **05/21/1987** 3a. Date of Last Report **04/14/1994**  
4. FEI Number **59-2065959** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 **1701 South Ave**  
22 City & State 27 **APT B**  
23 Zip 28 **FT PIERCE FLA**  
24 Country 25 29 **34952** 30 **ST LUCIE**

9. Name and Address of Current Registered Agent  
**LLOYD, ROBERT M.  
311 SOUTH SECOND ST.  
SUITE 200  
FT. PIERCE FL 33450**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Robert M Lloyd (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS  
TITLE STD  
NAME MCKENZIE, ROBERT  
STREET ADDRESS **1701, 311 SOUTH AVENUE, APT. B**  
CITY - ST - ZIP FORT PIERCE FL  
TITLE VD  
NAME DEICHLER, RUTH  
STREET ADDRESS 601 SEAWAY DRIVE, APT. G-5  
CITY - ST - ZIP FORT PIERCE FL  
TITLE PD  
NAME CRESSY, BILL  
STREET ADDRESS 3213 RIDGEHAVEN ROAD  
CITY - ST - ZIP FT. PIERCE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
11 TITLE PD  Change  Addition  
12 NAME Cressy, Bill  
13 STREET ADDRESS 3213 Ridgehaven Rd  
14 CITY - ST - ZIP Ft Pierce Fla 34956  
21 TITLE PD  Change  Addition  
22 NAME MCKENZIE, ROBERT  
23 STREET ADDRESS ~~311 South Ave~~ 1701, SOUTH AVE APT B  
24 CITY - ST - ZIP FT PIERCE FL  
31 TITLE STD  Change  Addition  
32 NAME DAVIS, FRANK  
33 STREET ADDRESS P13 MANIA DR  
34 CITY - ST - ZIP FT PIERCE FLA  
41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP  
51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP  
61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William P Cressy 1-15-95 461-2644  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #