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Feb 27, 1999 8:00 am  
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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N20774**

1. Corporation Name

**FIRST CHRISTIAN CHURCH OF FORT PIERCE, FLORIDA**

Principal Place of Business

1210 HARTMAN ROAD  
FORT PIERCE FL 34947  
US

Mailing Address

1210 HARTMAN ROAD  
FORT PIERCE FL 34947  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

Country

3. Date Incorporated or Qualified

10/01/1953

4. FEI Number

59-2085959

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

9. Name and Address of Current Registered Agent

MARSH, GIL  
388 ROUSE ROAD  
FT. PIERCE FL 34946

10. Name and Address of New Registered Agent

81 Name

ROBERT MCKENZIE

82 Street Address (P.O. Box Number is Not Acceptable)

606 AZALEA AVENUE

83

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

84

City

FORT PIERCE

FL

85 Zip Code

34982

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

ROBERT MCKENZIE, CHAIRMAN

1/25/99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME ABBOTT, KENDALL  
STREET ADDRESS 435 AHWTHORNE LANE  
CITY-ST-ZIP VERO BEACH FL 32962

TITLE D ☒ DELETE

NAME MARSH, GIL  
STREET ADDRESS 388 ROUSE ROAD  
CITY-ST-ZIP FT. PIERCE FL 34946

TITLE D ☐ DELETE

NAME MCKENZIE, ROBERT  
STREET ADDRESS 606 AZALEA AVENUE  
CITY-ST-ZIP FT PIERCE FL

TITLE C ☒ DELETE

NAME DAVIS, VIRGINIA  
STREET ADDRESS 13 MANOR DR  
CITY-ST-ZIP FT PIERCE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME LORETTA VADAS  
1.3 STREET ADDRESS 606 AZALEA AVENUE  
1.4 CITY-ST-ZIP FORT PIERCE, FL 34982

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE C/D ☒ Change ☐ Addition

3.2 NAME MCKENZIE, ROBERT  
3.3 STREET ADDRESS 606 AZALEA AVENUE  
3.4 CITY-ST-ZIP FORT PIERCE, FL 34982

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

*Robert McKenzie*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/99 (561) 468-9819

Date

Daytime Phone #

CR2E037 (11/98)