

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23513

FILED  
Apr 06, 2006  
Secretary of State

Entity Name: THE PEACE PRESBYTERIAN CHURCH OF STUART, INC.

**Current Principal Place of Business:**

4881 S.E. COVE RD  
STUART, FL 34997 US

**New Principal Place of Business:**

**Current Mailing Address:**

4881 S.E. COVE RD  
STUART, FL 34997 US

**New Mailing Address:**

FEI Number: 59-2796102

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BAILEY, JAMES L.  
4626 GASTONIA STREET  
PORT ST. LUCIE, FL 34997 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: KANE, CHARLES  
Address: 4084 SE FAIRWAY EAST  
City-St-Zip: STUART, FL

Title: VP ( ) Delete  
Name: BLOCKER, CLARENCE  
Address: 6060 SE MARINER SANDS DRIVE  
City-St-Zip: STUART, FL

Title: T ( ) Delete  
Name: LEMASTER, ELEANOR  
Address: 5331 SE NASSAU TERRACE  
City-St-Zip: STUART, FL

Title: SD ( ) Delete  
Name: HOWARD, JANICE  
Address: PO BOX 1703  
City-St-Zip: STUART, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ELEANOR LE MASTER

TREA

04/06/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date