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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N25438**

1. Corporation Name

TREASURE COAST CHRISTIAN CHURCH, INC. (DISCIPLES OF CHRIST)

Principal Place of Business	Mailing Address
555 S.W. CASHMERE BOULEVARD PORT ST. LUCIE FL 34986	555 S.W. CASHMERE BOULEVARD PORT ST. LUCIE FL 34986

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualifed: 03/16/1988

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

5. Certifcate 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

WILLS, JAMES C.
3705 S. INDIAN RIVER DRIVE
FORT PIERCE FL 34982

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	☒ DELETE	1.1 TITLE	Chairman of Congregation ☒ Change ☐ Addition
NAME	LEE, ROBERT E.		1.2 NAME	BRADLEY, MARY PORTER
STREET ADDRESS	1066 SW JERICO AVE		1.3 STREET ADDRESS	2058 S.E. BENEDICTINE D
CITY-ST-ZIP	PORT ST. LUCIE FL		1.4 CITY-ST-ZIP	PORT ST.LUCIE, FL 34983
TITLE	VCD	☒ DELETE	2.1 TITLE	Vice-Chairman ☒ Change ☐ Addition
NAME	BRADLEY, MARY PORTER		2.2 NAME	REEDER, WALTER
STREET ADDRESS	2058 SE BENEDICTINE		2.3 STREET ADDRESS	981 CONSOLATA AVE. D
CITY-ST-ZIP	PORT ST LUCIE FL		2.4 CITY-ST-ZIP	PORT ST.LUCIE, FL 34953
TITLE	T	☐ DELETE	3.1 TITLE	Treasurer ☐ Change ☐ Addition
NAME	DUNKIN, LEE		3.2 NAME	DUNKIN, LEE D
STREET ADDRESS	209 S.W. BENTLEY LANE		3.3 STREET ADDRESS	299 S.W. BENTLEY CIRCLE
CITY-ST-ZIP	PORT ST. LUCIE FL 34986		3.4 CITY-ST-ZIP	PORT ST.LUCIE, FK 34986
TITLE	TR	☐ DELETE	4.1 TITLE	Chairman-Trustees ☐ Change ☐ Addition
NAME	DAVIS, BILL		4.2 NAME	DAVIS, BILL
STREET ADDRESS	500 EUROPEAN LANE		4.3 STREET ADDRESS	500 EUROPEAN LANE
CITY-ST-ZIP	FORT PIERCE FL 34982		4.4 CITY-ST-ZIP	FT. PIERCE, FL 34982
TITLE		☐ DELETE	5.1 TITLE	Financial Sectetary ☐ Change ☐ Addition
NAME			5.2 NAME	WILTSHIRE, MELANIE
STREET ADDRESS			5.3 STREET ADDRESS	555 S.W. CASHMERE BLVD.
CITY-ST-ZIP			5.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34986
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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: James C. Wills SIGNATURE REQUIRED 3/21/99 561-340-0555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Pastor — Date — Daytime Phone #

LEE DUNKIN – Lee Dunkin 4/6/99 561-340-5757