

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 90680 019 ****61.25

DOCUMENT # N25438

1. Entity Name

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

Principal Place of Business

Mailing Address

**555 S.W. CASHMERE BOULEVARD
 PORT ST. LUCIE FL 34966**

**555 S.W. CASHMERE BOULEVARD
 PORT ST. LUCIE FL 34966**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAMILTON, CHARLES
 2911 S.E. 10TH AVE
 CAPE CORAL FL 33904**

Name

Hamilton, Charles

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

801 S.E. Pinewood Trail

City

Port St. Lucie

FL

Zip Code

34952

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.

SIGNATURE **Charles Hamilton**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/17/02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T ☐ Delete
 NAME **SCHREIBER, STRELSA**
 STREET ADDRESS **500 EUROPEAN LANE**
 CITY-ST-ZIP **FORT PIERCE FL 34982**

☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

C ☒ Delete
 NAME **BRADLEY, MARY P**
 STREET ADDRESS **2058 SE BENEDICTINE**
 CITY-ST-ZIP **PORT ST LUCIE FL 34983**

☐ Change ☐ Addition
 TITLE **Chairperson**
 NAME **Arlene Thompson**
 STREET ADDRESS **179 E. Village Dr.**
 CITY-ST-ZIP **Port St. Lucie, FL 34952**

VC ☒ Delete
 NAME **LEPLEY, TERRY**
 STREET ADDRESS **500 EUROPEAN LANE**
 CITY-ST-ZIP **FORT PIERCE FL 34982**

☐ Change ☐ Addition
 TITLE **Vice-Chairman**
 NAME
 STREET ADDRESS **1466 S.W. Wellington**
 CITY-ST-ZIP **Port St. Lucie, FL 34953**

TR ☐ Delete
 NAME **DAVIS, BILL**
 STREET ADDRESS **500 EUROPEAN LANE**
 CITY-ST-ZIP **FORT PIERCE FL 34982**

☐ Change ☐ Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

T ☒ Delete
 NAME **WILSON, JOH**
 STREET ADDRESS **500 EUROPEAN LANE**
 CITY-ST-ZIP **FORT PIERCE FL 34982**

☐ Change ☐ Addition
 TITLE **Trustee**
 NAME **Ken Pruitt**
 STREET ADDRESS **3012 S.W. Collings**
 CITY-ST-ZIP **Port St. Lucie, FL 34953**

CT ☒ Delete
 NAME **DAVIS, BILL**
 STREET ADDRESS **500 EUROPEAN LANE**
 CITY-ST-ZIP **FT. PIERCE FL 34982**

☐ Change ☐ Addition
 TITLE **Treasurer**
 NAME **Dianna Bevil**
 STREET ADDRESS **176 N.W. Bentley Circle**
 CITY-ST-ZIP **Port St. Lucie, FL 34986**

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:

Charles Hamilton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/02 (772) 3373918

Date Daytime Phone #

CR2E037 (9/01)