

# 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

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

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)

5/17/02

DATE

**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 empowerments.

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)