

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90713 037 *****61.25

DOCUMENT # N25438

1. Entity Name
**TREASURE COAST CHRISTIAN CHURCH, INC.
(DISCIPLES OF CHRIST)**



Principal Place of Business
**1540 SE FLORESTA DR.
PORT SAINT LUCIE, FL 34983**

Mailing Address
**1540 SE FLORESTA DR.
PORT SAINT LUCIE, FL 34983**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282004 Chg-NP CR2E037 (10/03)

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
282 BRAZILIAN CIRCLE
PORT SAINT LUCIE, FL 34952**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Charles Hamilton

CHARLES HAMILTON

4/27/04

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**C
BRADLEY, MARY PORTER
2058 S.E. BENEDICTINE ST.
PORT SAINT LUCIE, FL 34983** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE-CHAIR ☒ Change ☐ Addition

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TR
PURITT, KEN
3012 SW COLLINGS
PORT SAINT LUCIE, FL 34953** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TRUSTEE
DOYLE RICHARDSON
15 RIDGELAND DR.
STUART, FL 34996** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
THOMAS, CINDY
765 S.E. EVANS AVENUE
PORT SAINT LUCIE, FL 34984** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CHAIRMAN OF BOARD
FRANK THOMAS
765 S.E. EVANS AVE.
PORT SAINT LUCIE, FL 34984** ☐ Change ☒ Addition

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:

Mary Porter Bradley

MARY PORTER BRADLEY

4/27/04

(772)344-4848

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #