
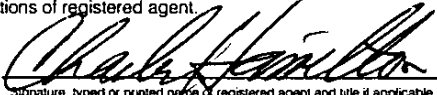
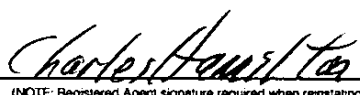
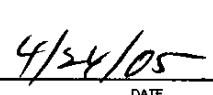


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90385 039 \*\*\*\*61.25

<b>DOCUMENT # N25438</b> 1. Entity Name <b>TREASURE COAST CHRISTIAN CHURCH, INC.</b> <b>(DISCIPLES OF CHRIST)</b>					
Principal Place of Business <b>1540 SE FLORESTA DR.</b> <b>PORT SAINT LUCIE, FL 34983</b>			Mailing Address <b>1540 SE FLORESTA DR.</b> <b>PORT SAINT LUCIE, FL 34983</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>NOT APPLICABLE</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>HAMILTON, CHARLES</b> <b>282 BRAZILIAN CIRCLE</b> <b>PORT SAINT LUCIE, FL 34952</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 					
Filing Fee is <b>\$61.25</b> Due by <b>May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Clerk of Board	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHREIBER, STRELSA		NAME	Lorraine Wells	
STREET ADDRESS	500 EUROPEAN LANE		STREET ADDRESS	2531 S.W. Versailles Terrace	
CITY-ST-ZIP	FORT PIERCE, FL 34982		CITY-ST-ZIP	Stuart, FL 34983	
TITLE	VC	<input checked="" type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRADLEY, MARY PORTER		NAME	Betty H. Hamilton	
STREET ADDRESS	2058 S.E. BENEDICTINE ST.		STREET ADDRESS	282 Brazilian Circle	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34983		CITY-ST-ZIP	Port St. Lucie, FL 34952	
TITLE	TR	<input checked="" type="checkbox"/> Delete	TITLE	Walter Reeder	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVIS, BILL		NAME	981 Consolata Ave.	
STREET ADDRESS	500 EUROPEAN LANE		STREET ADDRESS	Port St. Lucie, FL 34953	
CITY-ST-ZIP	FORT PIERCE, FL 34982		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	Vice-Board Chair	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, DOYLE		NAME		
STREET ADDRESS	15 RIDGELAND DR.		STREET ADDRESS		
CITY-ST-ZIP	STUART, FL 34996		CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMAS, CINDY		NAME	Betty H. Hamilton	
STREET ADDRESS	765 S.E. EVANS AVENUE		STREET ADDRESS	282 Brazilian Circle	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34984		CITY-ST-ZIP	Port St. Lucie, FL 34952	
TITLE	COB	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, FRANK		NAME		
STREET ADDRESS	765 SE EVANS AVE.		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34984		CITY-ST-ZIP		

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:**  **4/24/05** **(772) 344-4848**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #