

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90260 037 ****61.25

DOCUMENT # N25438

1. Entity Name

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



Principal Place of Business

Mailing Address

1540 SE FLORESTA DR.
PORT SAINT LUCIE FL 34983

1540 SE FLORESTA DR.
PORT SAINT LUCIE FL 34983



2. Principal Place of Business

3. Mailing Address

402 Hibiscus

906 S.W. St Lucia West Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PMB 272

1st MOORE

CR2E037 (10/05)

City & State

City & State

Port St. Lucie, FL

Port St. Lucie, FL

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

34983

USA

34986

USA

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

C.M. BRANCH

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

4616 N.W. Red Bay Circle

City

Jensen Beach

FL

Zip Code

34957

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

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

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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 D ☒ Delete
NAME WELLS, LORRAINE
STREET ADDRESS 2531 SW VERSAILLES TERRACE
CITY-ST-ZIP STUART FL 34983

TITLE ☒ Change ☐ Addition
NAME ANDREA KOONCE
STREET ADDRESS 248 Nightingale Ave
CITY-ST-ZIP Ft. Pierce, FL 34982

TITLE T ☒ Delete
NAME HAMILTON, BETTY H
STREET ADDRESS 282 BRAZILIAN CIRCLE
CITY-ST-ZIP PORT SAINT LUCIE FL 34952

TITLE T ☐ Change ☐ Addition
NAME MARY P. BRADLEY
STREET ADDRESS 2058 S.E. Benedictine
CITY-ST-ZIP Port St. Lucie, FL 34983

TITLE TR ☒ Delete
NAME REEDER, WALTER
STREET ADDRESS 981 CONSOLATA AVE
CITY-ST-ZIP PORT SAINT LUCIE FL 34953

TITLE TR ☒ Change ☐ Addition
NAME C.M. BRANCH
STREET ADDRESS 4616 N.W. Red Bay Circle
CITY-ST-ZIP Jensen Beach, FL 34957

TITLE VC ☐ Delete
NAME RICHARDSON, DOYLE
STREET ADDRESS 15 RIDGELAND DR.
CITY-ST-ZIP STUART FL 34996

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

TITLE COB ☐ Delete
NAME THOMAS, FRANK
STREET ADDRESS 765 SE EVANS AVE.
CITY-ST-ZIP PORT SAINT LUCIE FL 34984

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

[Signature]

3/27/06

772-340-0555