2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007
Secretary of State

DOCUMENT# N34561

Entity Name: PORT ST LUCIE CHURCH OF CHRIST, INC.

Current Principal Place of Business:

384 E. MIDWAY RD
FORT PIERCE, FL 34982 US

New Principal Place of Business:

Current Mailing Address:

896 WOODLANDS DRIVE
PORT SAINT LUCIE, FL 34952 US

New Mailing Address:

FEI Number: 65-0217322 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WILSON, JOE DAVID
896 WOODLANDS DRIVE
PORT SAINT LUCIE, FL 34952 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WILSON, JOE DAVID
Address: 896 WOODLANDS DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

Title: TTR ( ) Delete
Name: WILSON, DAVID A II
Address: 896 WOODLANDS DR.
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

Title: TR ( ) Delete
Name: WILSON, DAVID A II
Address: 896 WOODLANDS DR.
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

Title: STR ( ) Delete
Name: WILEY, CHARLIE
Address: 273 SW CANDLER TERRACE
City-St-Zip: PT. ST. LUCIE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TTR (X) Change ( ) Addition
Name: WILSON, ROBERT L
Address: 552 N.W. /AMHERST DR.
City-St-Zip: PORT SAINT LUCIE, FL 34986 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: STR (X) Change ( ) Addition
Name: MENCER, STEWART
Address: 7 ORIOLE LANE
City-St-Zip: FORT PIERCE, FL 34982

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOE DAVID WILSON PRES 05/21/2007

Electronic Signature of Signing Officer or Director — Date