


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N34561</b> 1. Entity Name PORT ST LUCIE CHURCH OF CHRIST, INC.	
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Principal Place of Business 384 E. MIDWAY RD FORT PIERCE, FL 34982 US	Mailing Address 896 WOODLANDS DRIVE PORT SAINT LUCIE, FL 34952 US
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**DO NOT WRITE IN THIS SPACE**



04152008 No Chg-NP CR2E037 (4/06)

4. FEI Number 65-0217322	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILSON, JOE DAVID 896 WOODLANDS DRIVE PORT SAINT LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TTR WILSON, ROBERT L 552 N.W. /AMHERST DR. PORT SAINT LUCIE, FL 34986
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR WILSON, DAVID A II 896 WOODLANDS DR. PORT SAINT LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STR MENCER, STEWART 7 ORIOLE LANE FORT PIERCE, FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

05/05/08-80014-017 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** Joe David Wilson **4-15-2008** **772-464-3104**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #