

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N34561

FILED  
Jan 08, 2009  
Secretary of State

**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 ( )**

**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, ROBERT L  
Address: 552 N.W. /AMHERST DR.  
City-St-Zip: PORT SAINT LUCIE, FL 34986 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: MENCER, STEWART  
Address: 7 ORIOLE LANE  
City-St-Zip: FORT PIERCE, FL 34982

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: JOEDAVID WILSON

PRES

01/08/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date