FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR -7 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N43142** **(1)**

1. Corporation Name

TREASURE COAST BAPTIST CHURCH OF ST. LUCIE COUNTY, FLORIDA, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 8510 PORT ST. LUCIE FL 34985	POST OFFICE BOX 8510 PORT ST. LUCIE FL 34985

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/24/1991
3a. Date of Last Report: 03/29/1994
4. FEI Number: 65-0310861 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 14885 S. W. Del Rio Blvd.	26 1885 S. W. Del Rio Blvd.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Pt. St. Lucie, Fl.	28 City & State: Pt. St. Lucie, Fl.
24 Zip: 34953 25 Country: St. Lucie	29 Zip: 34953 30 Country: St. Lucie

9. Name and Address of Current Registered Agent

GOLDSMITH, JAMES R.
738 SW BROADVIEW ST.
PT. ST. LUCIE FL 34983

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City **FL** 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: James R Goldsmith James R Goldsmith 3/31/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	GOLDSMITH, JAMES	12 NAME	
STREET ADDRESS	738 SW BROADVIEW ST.	13 STREET ADDRESS	
CITY-ST-ZIP	PT. ST. LUCIE FL	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	REESE, FRANK	22 NAME	
STREET ADDRESS	1771 S.W. CLOVERLEAF ST.	23 STREET ADDRESS	
CITY-ST-ZIP	PT. ST. LUCIE FL	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	SD ☒ Change ☐ Addition
NAME	WINDER, PHIL	32 NAME	
STREET ADDRESS	8306 SANTA CLARA BLVD.	33 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	PD ☒ Change ☐ Addition
NAME	BENNETT, J/MARK	42 NAME	Phil Aardema
STREET ADDRESS	357 SW DWIGHT ST	43 STREET ADDRESS	2551 S. E. Marius St.
CITY-ST-ZIP	PT. ST. LUCIE FL	44 CITY-ST-ZIP	Pt. St. Lucie, Fl.
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James R Goldsmith 3/31/95 (407) 340-4176
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
James R Goldsmith

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