

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N43142** (1)

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



Principal Place of Business: **4885 SW DEL RIO BLVD, PORT ST. LUCIE FL 34953 US**
Mailing Address: **1885 SW DEL RIO BLVD, PORT ST. LUCIE FL 34953 US**

3. Date Incorporated or Qualified: **04/24/1991**
3a. Date of Last Report: **04/07/1995**

2. Principal Place of Business: **21 1885 SW Del Rio Blvd.**
Suite, Apt. #, etc.: **22**
City & State: **23 Port St. Lucie, FL**
Zip: **24 34953** Country: **25 US**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *James Goldsmith* DATE: **4-28-96**
Signature typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSMITH, JAMES	1.2 NAME	
STREET ADDRESS	738 SW BROADVIEW ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PT. ST. LUCIE FL	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REESE, FRANK	2.2 NAME	REESE, FRANK
STREET ADDRESS	1771 S.W. CLOVERLEAF ST.	2.3 STREET ADDRESS	931 SW DUBOIS
CITY-ST-ZIP	PT. ST. LUCIE FL	2.4 CITY-ST-ZIP	PORT ST. LUCIE, FL
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINDER, PHIL	3.2 NAME	
STREET ADDRESS	8306 SANTA CLARA BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	3.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AARDSMA, PHIL	4.2 NAME	
STREET ADDRESS	2551 SE MARIUS ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	PT. ST. LUCIE FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(k), 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: *Franklin Reese* DATE: **4-28-96** DAYTIME PHONE: **407-336-9634**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)