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Jun 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
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 Mailing Address  
1885 SW DEL RIO BLVD. PORT ST. LUCIE FL 34953 US  
1885 SW DEL RIO BLVD. PORT ST. LUCIE FL 34953-1310 US

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
GOLDSMITH, JAMES R.  
738 SW BROADVIEW ST.  
PT. ST. LUCIE FL 34983

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

SIGNATURE *[Signature]* DATE 5-28-97

12. OFFICERS AND DIRECTORS

TITLE	0	<input checked="" type="checkbox"/> DELETE
NAME	GOLDSMITH, JAMES	
STREET ADDRESS	738 SW BROADVIEW ST.	
CITY-ST-ZIP	PT. ST. LUCIE FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	REESE, FRANK	
STREET ADDRESS	931 SW DUBOIS	
CITY-ST-ZIP	PT. ST. LUCIE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	WINDER, PHIL	
STREET ADDRESS	8306 SANTA CLARA BLVD.	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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: *[Signature]* DATE: 5-28-97

3. Date Incorporated or Qualified 04/24/1991 3a. Date of Last Report 05/01/1996  
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

10. Name and Address of New Registered Agent  
1 Name Douglas, Greg  
2 Street Address (P.O. Box Number is Not Acceptable) 1885 S.W. Del Rio Blvd.  
3  
4 City Port St Lucie FL 65 Zip Code 34953

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SIGNATURE *[Signature]* DATE 5-28-97

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	8	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Douglas, Greg	
1.3 STREET ADDRESS	1885 S.W. Del Rio Blvd.	
1.4 CITY-ST-ZIP	Port St. Lucie, Fl. 34953	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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CR2E037 (9/96)