

FILE NOW: FILING FEE IS \$61.25

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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 Country 28 Zip Country

24 25 29 30

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

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
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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the undersigned, who is an officer or registered agent, or both, in the State of Florida, hereby accepts the appointment as registered agent of the corporation named above. I am familiar with, and accept the obligations of, Section 617.0502, Florida Statutes.

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

I, the undersigned, 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.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 NAME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDSMITH, JAMES	1.2 STREET ADDRESS 1885 S.W. Del Rio Blvd.
STREET ADDRESS	738 SW BROADVIEW ST.	1.3 CITY-ST-ZIP Port St. Lucie, Fl. 34953
CITY-ST-ZIP	PT. ST. LUCIE FL	1.4
TITLE	<input type="checkbox"/> DELETE	2.1 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DV REESE, FRANK	2.2 STREET ADDRESS
STREET ADDRESS	931 SW DUBOIS	2.3 CITY-ST-ZIP
CITY-ST-ZIP	PT. ST. LUCIE FL	2.4
TITLE	<input type="checkbox"/> DELETE	3.1 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD WINDER, PHIL	3.2 STREET ADDRESS
STREET ADDRESS	8306 SANTA CLARA BLVD.	3.3 CITY-ST-ZIP
CITY-ST-ZIP	FT. PIERCE FL	3.4
TITLE	<input type="checkbox"/> DELETE	4.1 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 STREET ADDRESS
STREET ADDRESS		4.3 CITY-ST-ZIP
CITY-ST-ZIP		4.4
TITLE	<input type="checkbox"/> DELETE	5.1 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 STREET ADDRESS
STREET ADDRESS		5.3 CITY-ST-ZIP
CITY-ST-ZIP		5.4
TITLE	<input type="checkbox"/> DELETE	6.1 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 STREET ADDRESS
STREET ADDRESS		6.3 CITY-ST-ZIP
CITY-ST-ZIP		6.4

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SIGNATURE: *[Signature]* DATE: 5-28-97 561-340-4176

CR2E037 (9/96)