

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> 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  
US

3. Date Incorporated or Qualified

04/24/1991

4. FEI Number

65-0310861

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DOUGLAS GREG**  
1885 S.W. DEL RIO BLVD.  
PT. ST. LUCIE FL 34953

81 Name

**Franklin J. Reese**

82 Street Address (P.O. Box Number is Not Acceptable)

931 S.W. DUBOIS AVE.

83

P

84 City

Port St Lucie

FL

85 Zip Code

34953

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 **Franklin Reese**

Signature, typed or printed name of registered agent and title if applicable.

**Chairman of The Board**

(NOTE: Registered Agent signature required when re-registering)

1/31/98

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DOUGLAS, GREG	
STREET ADDRESS	1885 S.W. DEL RIO BLVD.	
CITY-ST-ZIP	PT. ST. LUCIE FL	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	REESE, FRANK	
STREET ADDRESS	931 SW DUBOIS	
CITY-ST-ZIP	PT. ST. LUCIE FL	
TITLE	SD	<input checked="" 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		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman of The Board	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Franklin J. Reese	
1.3 STREET ADDRESS	1885 S.W. DEL RIO 931 S.W. DUBOIS AVE	
1.4 CITY-ST-ZIP	Port St Lucie 34953	
2.1 TITLE	Phil Winder, Vice Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Phil Winder	
2.3 STREET ADDRESS	8306 Santa Clara Blvd	
2.4 CITY-ST-ZIP	Port St Lucie 34953	
3.1 TITLE	Don Briggs (Secretary)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Don Briggs	
3.3 STREET ADDRESS	1885 S.W. DEL RIO	
3.4 CITY-ST-ZIP	Port St Lucie 34953	
4.1 TITLE	DC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Reese, Franklin P.	
4.3 STREET ADDRESS	931 S.W. Dubois Ave	
4.4 CITY-ST-ZIP	Port St. Lucie, FL 34953	
5.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Winder, Philip	
5.3 STREET ADDRESS	8306 Santa Clara Blvd	
5.4 CITY-ST-ZIP	FT. Pierce, FL 34951	
6.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Briggs, Donald	
6.3 STREET ADDRESS	2501 S.E. Marius St.	
6.4 CITY-ST-ZIP	Port St Lucie, FL. 34952	

14. I 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: **Franklin Reese**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/98

561-340-4176

CR2E037 (10/97)