

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90274 012 ****61.25

DOCUMENT # N43142

1. Entity Name

TREASURE COAST BAPTIST CHURCH OF ST. LUCIE COUNT

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0310861

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRANKLIN J REESE
931 SW DUBOIS AVE
PT. ST. LUCIE FL 34953

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DC** Delete
 NAME **REESE, FRANKLIN P**
 STREET ADDRESS **931 SW DUBOIS AVE**
 CITY-ST-ZIP **PT. ST. LUCIE FL 34953**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DS** Delete
 NAME **WINDER, PHIL**
 STREET ADDRESS **8306 SANTA CLARA BLVD.**
 CITY-ST-ZIP **FT. PIERCE FL 34951**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DV** Delete
 NAME **BARTLEY, NEVILLE**
 STREET ADDRESS **702 SW NICHOLSTEN**
 CITY-ST-ZIP **PORT SAINT LUCIE FL 34953**

TITLE **D** Change Addition
 NAME **Bartley, Neville**
 STREET ADDRESS **702 SW Nicholsten**
 CITY-ST-ZIP **Port St Lucie FL 34953**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DS** Change Addition
 NAME **Williams, Guy**
 STREET ADDRESS **1541 SW FORTUNE RD.**
 CITY-ST-ZIP **PORT ST. LUCIE, FL 34953**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DV** Change Addition
 NAME **Keith Bloomer**
 STREET ADDRESS **1368 SW Granville Ave**
 CITY-ST-ZIP **Port St Lucie, FL 34953**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Franklin Reese*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01

Date

561-340-4176

Daytime Phone #

CR2E037 (10/00)