

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91753 017 \*\*\*\*61.25

**DOCUMENT # N43142**

1. Entity Name

**TREASURE COAST BAPTIST CHURCH OF ST. LUCIE COUNT  
Y, 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number  
**65-0310861**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

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 *Franklin J. Reese*  
Signature, typed or printed name of registered agent and title if applicable.

**FRANKLIN J. REESE**  
(NOTE: Registered Agent signature required when reinstating)

**3/20/02**  
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 **DS** ☐ Change ☒ Addition  
NAME **WINDER, PHILLIP**  
STREET ADDRESS **B306 SANTA CLARA BLVD**  
CITY-ST-ZIP **FT. PIERCE, FL 34951**

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

TITLE **D** ☐ Change ☒ Addition  
NAME **BENNETT, MARK**  
STREET ADDRESS **4247 SW UTTERBACK ST.**  
CITY-ST-ZIP **PT ST LUCIE, FL 34953**

TITLE **DS** ☒ Delete  
NAME **WILLIAMS, GUY**  
STREET ADDRESS **1541 SW FORTUNE ROAD**  
CITY-ST-ZIP **PORT SAINT LUCIE FL 34953**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DV** ☐ Delete  
NAME **BLOOMER, KEITH**  
STREET ADDRESS **1388 SW GRANVILLE AVE**  
CITY-ST-ZIP **PORT SAINT LUCIE FL 34953**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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: *GUY WILLIAMS* **3/20/02**  
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (9/01)