2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43142

FILED May 08, 2005 Secretary of State

Entity Name: TREASURE COAST BAPTIST CHURCH OF ST. LUCIE COUNTY, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 1885 SW DEL RIO BLVD PORT ST. LUCIE, FL 34953 US **Current Mailing Address: New Mailing Address:** 1885 SW DEL RIO BLVD PORT ST. LUCIE, FL 34953 US FEI Number: 65-0310861 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JOHN MARK BENNETT 901 W. WEATHERBEE ROAD FORT PIERCE, FL 34982 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition BENNETT, JOHN M Name: Name: Address: 901 W. WEATHERBEE ROAD Address: City-St-Zip: FORT PIERCE, FL 34982 City-St-Zip: Title: DV () Delete Title: (X) Change () Addition Name: BLOOMER, KEITH Name: GOLDSMITH, JIM SR Address: 1368 SW GRANVILLE AVE Address: 1310 SE VESTRIDGE ST. City-St-Zip: PORT SAINT LUCIE, FL 34953 City-St-Zip: PORT SAINT LUCIE, FL 34952 Title: DS () Delete Title: () Change () Addition WINDER, PHILLIP Name: Name: 8306 SANTA CLARA BLVD Address: Address: City-St-Zip: FORT PIERCE, FL 34951 City-St-Zip: (X) Change () Addition Title: () Delete Title: Name: SHARP, BRENT Name: REESE, FRANK Address: 787 S.W. CROIX COVE Address: 931 SW DUBOIS AVE City-St-Zip: PORT SAINT LUCIE, FL 34986 City-St-Zip: PORT SAINT LUCIE, FL 34953

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN MARK BENNETT DC 05/08/2005