


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N45453</b> 1. Entity Name <b>FIRST SPANISH EVANGELICAL CHURCH OF PORT ST. LUCIE INTERDENOMINATIONAL, INC.</b>	
---	---

Principal Place of Business <b>8414 S. US HWY 1 PORT SAINT LUCIE, FL 34952 US</b>	Mailing Address <b>2144 SE STARGRASS ST PORT SAINT LUCIE, FL 34984 US</b>
--	--



03032006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0297518</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>NAVA, NESTOR D 2144 SE STARGRASS ST PORT SAINT LUCIE, FL 34984</b>
--

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

1100000476007  
04/05/06-80038-025 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD NAVA, NESTOR D 2144 SE STARGRASS STREET PORT ST LUCIE, FL 34984
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BUCHNER, NILSA 1621 N BLACKWELL DRIVE PORT ST LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD NAVA, TOMASA 2144 SE STARGRASS ST PORT ST LUCIE, FL 34984
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: N. Nava  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/06 (772) 879-0036  
Date Daytime Phone #