2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Mar 08, 2007 8:00 am Secretary of State

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DOCUMENT # N45453 1. Entity Name FIRST SPANISH EVANGELICAL CHURCH OF PORT ST. LUCIE INTERDENOMINATIONAL, INC.					03-08-2007 90008 031 ****70.00			
Principal Place 8414 S. US I PORT SAINT		Mailing Address 2144 SE STARGRASS ST PORT SAINT LUCIE, FL 3	4984 US		40031 	n mindel eneme for m		
2. Principal P	tace of Business - No P.O. Box #	3. Mailing Address 2443 SW (AMED BI	/vd				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		0122	22007 Chg	-NP	CR2E037 (12/06)	
City & State	e	Port St A	scie p	4. FE 6:	l Number 5-0297518		———·	pplied For ot Applicable
Zip	Country	34953	STLUCI	5. Ce	rtificate of State	us Desired	\$8.75 Ad Fee Require	ditional ed
	6. Name and Address of Current R	egistered Agent		7. Na	me and Addre	ss of New Re	gistered Agent	
NAVA, NE	STOR D		Name	SAME	NAME	<u> </u>	Agent)	
	TARGRASS ST NT LUCIE, FL 34984		Street Add	dress (P.O. Box 143	X Number is No	t Acceptable)	OBN	<u>d</u>
			City S) (=4		`	₽ ∎ Zip Coo	le
	named entity submits this statement for	the purpose of changing its re		o N S registered ager	人して nt, or both, in th		FL 3000 ida. I am familiar with	953, and accept
the obligat	ions of registered agent. NE STOR $\stackrel{.}{\mathcal{D}}$,	"/1.11	IN A				e /-/. 7	
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SIGNATURE	Signature, typed or printed name of registered agent an	nd title if applicable. (NOTE: F	Registered Agent algorature	e required when reins	Park		3/5/07 DATE	
SIGNATURE		9. Election Camp Trust Fund Col	aign Financing	\$5.00	May Be to Fees		DATE ke check payable to be check payable to	
SIGNATURE .	Signature, typed or printed name of registered agent ar Filling Fee is \$61.25	9. Election Camp Trust Fund Col	aign Financing	\$5.00 Added	to Fees	Floric	ke check payable t	itate
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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 advecess, with all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

3/21/07 (712) \$74-0030