## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45453

FILED Mar 10, 2008 Secretary of State

Entity Name: FIRST SPANISH EVANGELICAL CHURCH OF PORT ST. LUCIE INTERDENOMINATIONAL, INC.

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:		
414 S. US ORT SAIN	HWY 1 IT LUCIE, FL	34952	US		
urrent Ma	iling Address	s:		New Mailing Addres	ss:
	AMEO BLVD T LUCIE, FL	34953	US		
El Number: 6	65-0297518	FEI Nun	nber Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired (X)
ame and .	Address of C	urrent R	Registered Agent:	Name and Address	of New Registered Agent:
AN/A NIES	TODD				
143 ŚW C, DRT SAIN ne above r	AMEO BLVD IT LUCIE, FL		US his statement for the	purpose of changing its registere	ed office or registered agent, or both,
143 ŚW C, ORT SAIN ne above r the State	AMEO BLVD IT LUCIE, FL named entity s of Florida.			purpose of changing its registere	ed office or registered agent, or both,
143 ŚW C, DRT SAIN ne above r the State	AMEO BLVD IT LUCIE, FL named entity s of Florida. E:	ubmits ti			ed office or registered agent, or both,  Date
ORT SAIN ne above r the State IGNATUR	AMEO BLVD IT LUCIE, FL named entity s of Florida. E:	ubmits ti c Signat	his statement for the	ent	
I43 ŚW CANT SAIN THE ABOVE THE STATE THE SAIN THE STATE THE SAIN THE	AMEO BLVD IT LUCIE, FL  named entity s of Florida.  E:  Electroni  AND DIRECT	c Signat CORS: Delete D GRASS ST	his statement for the ure of Registered Ag	ent	Date
I43 ŚW CA DRT SAIN The above rethe State GNATUR	AMEO BLVD IT LUCIE, FL  named entity s of Florida.  E:  Electroni  AND DIRECT  PD ()  NAVA, NESTOR 2144 SE STARG PORT ST LUCIE	c Signat CORS: Delete D SRASS ST , FL 3498 Delete SA	his statement for the rure of Registered Ag REET 34	ent  ADDITIONS/CHANG  Title: Name: Address:	Date  BES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: NESTOR D NAVA PD 03/10/2008