FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY 1 AM 9:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000006156 (3)

1. Corporation Name

TREASURE COAST CHRISTIAN COMMUNITY CENTER, INC.

Principal Place of Business
555 SE CASHMERE ~~RD~~
PT ST LUCIE FL

Mailing Address
555 SE CASHMERE ~~RD~~
PT ST LUCIE FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/16/1994
3a. Date of Last Report:
4. FEI Number: [✓] Applied For [ ] Not Applicable

2. Principal Place of Business 21: Blvd.	2a. Mailing Address 26: Blvd.	5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
22 Suite, Apt #, etc	27 Suite, Apt #, etc	6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
23 City & State	28 City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status [✓] — $68.75 Supplemental Fee Not Required
24 Zip / 25 Country	29 Zip 34986 / 30 Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

STEIER, BETSY
~~8125 SE OVERBROOK DR~~
PT ST LUCIE FL 34952

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2720 SE Bishop Ave.
83
84 City FL
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE [signature] 4/26/95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		1 1 TITLE	Chair of Directors [ ] Change [X] Addition
NAME		1 2 NAME	Hal Roberts
STREET ADDRESS		1 3 STREET ADDRESS	2401 Dade Rd.
CITY ST ZIP		1 4 CITY ST ZIP	Ft. Pierce, FL 34982
TITLE		2 1 TITLE	Board member D [ ] Change [X] Addition
NAME		2 2 NAME	Theresa Traher
STREET ADDRESS		2 3 STREET ADDRESS	1662 SE Cello Ln.
CITY ST ZIP		2 4 CITY ST ZIP	Port St. Lucie FL 34983
TITLE		3 1 TITLE	Board member D [ ] Change [X] Addition
NAME		3 2 NAME	Don Mahan
STREET ADDRESS		3 3 STREET ADDRESS	1132 SE Sabina Ln.
CITY ST ZIP		3 4 CITY ST ZIP	Port St. Lucie FL 34983
TITLE		4 1 TITLE	Board member D [ ] Change [X] Addition
NAME		4 2 NAME	Chuck Crouse
STREET ADDRESS		4 3 STREET ADDRESS	1834 SW McAllister Ln.
CITY ST ZIP		4 4 CITY ST ZIP	Port St. Lucie FL 34953
TITLE		5 1 TITLE	Board member D [ ] Change [X] Addition
NAME		5 2 NAME	Michael Crouse
STREET ADDRESS		5 3 STREET ADDRESS	1834 SW McAllister Ln.
CITY ST ZIP		5 4 CITY ST ZIP	Port St. Lucie FL 34953
TITLE		6 1 TITLE	[ ] Change [ ] Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY ST ZIP		6 4 CITY ST ZIP	M 7/24

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or ~~Block 13 if changed~~, or on an attachment with an address.

SIGNATURE: [signature] 4/25/95 407-340-0555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0075043