

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 01, 2000 8:00 am**  
**Secretary of State**

02-01-2000 90001 029 \*\*\*\*61.25

**DOCUMENT # N95000001450**

1. Entity Name

**ST. LUCIE PRESBYTERIAN CHURCH, INC. (P.C.A.)**

Principal Place of Business

Mailing Address

1390 SW DORCHESTER ST  
 PORT ST. LUCIE FL 34952  
 US

1390 SW DORCHESTER ST  
 PORT ST. LUCIE FL 34983-2936  
 US

**703421**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0620016**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARVEY, HAMILTON JR**  
**18720 GREY HERON CT**  
**PORT ST LUCIE FL 34986**

Name **COREY, HAMILTON, JR**

Street Address (P.O. Box Number is Not Acceptable) **10720 GREY HERON CT**

City **PORT ST LUCIE FL** Zip Code **34986**

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.

SIGNATURE

*Hamilton Corey Jr.*

**1-10-00**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	GASKILL, THOMAS	
STREET ADDRESS	206 OLD KEY WEST DR.	
CITY-ST-ZIP	FT. PIERCE FL 34982	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HARGETT, ROBERT	
STREET ADDRESS	2719 S 19TH STREET	
CITY-ST-ZIP	FORT PIERCE FL 34932	
TITLE	STD	<input type="checkbox"/> Delete
NAME	COREY, HAMILTON JR.	
STREET ADDRESS	10720 GREY HERON CT.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34986	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

*Hamilton Corey Jr.*

**HAMILTON COREY**

**1-10-00**

**564-410-8843**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)