

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000000327

**Entity Name:** ALL VILLAGES PRESBYTERIAN CHURCH, INC.**Current Principal Place of Business:**1550 SW HEATHERWOOD BLVD  
PORT ST LUCIE, FL 34986**Current Mailing Address:**1550 SW HEATHERWOOD BLVD  
PORT ST LUCIE, FL 34986 US**FEI Number:** 02-0544468**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BENSON, LISA J  
433 SW FAIRWAY LAKE  
PORT ST LUCIE, FL 34986 US*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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

|                 |                        |
|-----------------|------------------------|
| Title           | T                      |
| Name            | BENSON, LISA           |
| Address         | 433 SW FAIRWAY LAKE    |
| City-State-Zip: | PORT ST LUCIE FL 34986 |

|                 |                        |
|-----------------|------------------------|
| Title           | S                      |
| Name            | SHEARER, BETTY         |
| Address         | 920 SE ATLANTIC AVE    |
| City-State-Zip: | PORT ST LUCIE FL 34983 |

|                 |                        |
|-----------------|------------------------|
| Title           | P                      |
| Name            | SILL, STEVE            |
| Address         | 397 SW TODD AVE        |
| City-State-Zip: | PORT ST LUCIE FL 34983 |

|                 |                        |
|-----------------|------------------------|
| Title           | V                      |
| Name            | STERRETT, DUSTIN       |
| Address         | 478 NW DOVER CT        |
| City-State-Zip: | PORT ST LUCIE FL 34983 |

*I hereby 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 all other like empowered.*

**SIGNATURE:** LISA BENSON**TREASURER****01/29/2022**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date