

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996-12-94 B-1020 C

DOCUMENT # **704853** (1)

1. Corporation Name
UNITED FUND OF ST. LUCIE COUNTY, INC.



Principal Place of Business: **4800 SOUTH US HIGHWAY 1 FORT PIERCE FL 34982**
Mailing Address: **4800 SOUTH US HIGHWAY 1 FORT PIERCE FL 34982**

3. Date Incorporated or Qualified: **11/27/1962**
3a. Date of Last Report: **04/03/1995**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

4. FEI Number: **59-6212157**
Applied For: Not Applicable

Suite, Apt. #, etc.:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State:

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: **24** Country: **25** Zip: **29** Country: **30**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BUTTS, JACKIE J.
4800 SOUTH US HIGHWAY 1
FORT PIERCE FL 34982**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Jackie J. Butts* (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	D <input type="checkbox"/> DELETE	11 TITLE	1st V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, KATHERINE	12 NAME	Gary Cantrell
STREET ADDRESS	520 NW CALIFORNIA BLVD.	13 STREET ADDRESS	P.O. Box 188
CITY-ST-ZIP	PORT ST. LUCIE FL	14 CITY-ST-ZIP	Fort Pierce, FL 34954
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOUDREAU, "BUD"	22 NAME	"Bud" Boudreaux
STREET ADDRESS	P.O. BOX 319	23 STREET ADDRESS	P.O. Box 319
CITY-ST-ZIP	FT. PIERCE FL	24 CITY-ST-ZIP	Fort Pierce, FL
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	2nd V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMAN, ROBERT	32 NAME	Ron Loveless
STREET ADDRESS	2400 S. OCEAN DRIVE, #2358	33 STREET ADDRESS	2222 Colonial Rd Ste 100
CITY-ST-ZIP	FT. PIERCE FL	34 CITY-ST-ZIP	Fort Pierce, FL 34947
TITLE	D <input type="checkbox"/> DELETE	41 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOVELESS, RON	42 NAME	Carrol Croke
STREET ADDRESS	2222 COLONIAL ROAD, STE. 100	43 STREET ADDRESS	412 Aileen St
CITY-ST-ZIP	FT. PIERCE FL	44 CITY-ST-ZIP	Port St Lucie, FL 34983
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN, ANGELA	52 NAME	Whitney O'Keeffe
STREET ADDRESS	2400 S. OCEAN DRIVE, CAT 2358	53 STREET ADDRESS	111 Orange Ave
CITY-ST-ZIP	FORT PIERCE FL	54 CITY-ST-ZIP	Fort Pierce, FL 34950
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CROKE, CARROL	62 NAME	Evett Simmons
STREET ADDRESS	412 SW AILEEN STREET	63 STREET ADDRESS	145 NW Central Pk Plaza Ste 300
CITY-ST-ZIP	PORT ST. LUCIE FL	64 CITY-ST-ZIP	Port St Lucie, FL 34952

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: *Carrol Croke* Sec Date: **2/5/96** Daytime Phone #

CR2E037 (12/95)