

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham
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

Mailing Address

4800 SOUTH US HIGHWAY 1
FORT PIERCE FL 34982

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

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
NAME
STREET ADDRESS
CITY - ST - ZIP

D
JOHNSON, KATHERINE
520 NW CALIFORNIA BLVD.
PORT ST. LUCIE FL

☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

1st V
Gary Cantrell
P.O. Box 188
Fort Pierce, FL 34954

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
BOUDREAUX, "BUD"
P.O. BOX 319
FT. PIERCE FL

☐ DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP

P
"Bud" Boudreaux
P.O. Box 319
Fort Pierce, FL

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
CARMAN, ROBERT
2400 S. OCEAN DRIVE, #2358
FT. PIERCE FL

☐ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

2nd V
Ron Loveless
2222 Colonial Rd Ste 100
Fort Pierce, FL 34947

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
LOVELESS, RON
2222 COLONIAL ROAD, STE. 100
FT. PIERCE FL

☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

Carrol Croke
412 Aileen St
Port St Lucie, FL 34983

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
CHAPMAN, ANGELA
2400 S. OCEAN DRIVE, CAT 2358
FORT PIERCE FL

☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

T
Whitney O'Keeffe
111 Orange Ave
Fort Pierce, FL 34950

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D
CROKE, CARROL
412 SW AILEEN STREET
PORT ST. LUCIE FL

☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

D
Evelt Simmons
145 NW Central Pk Plaza Ste 300
Port St Lucie, FL 34952

☐ Change ☒ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sec

2/5/96

Date

Daytime Phone #

CR2E037 (12/95)