

FILE NOW: FILING FEE IS \$61.25

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Feb 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34982-7078
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3. Date Incorporated or Qualified 11/27/1962	3a. Date of Last Report 02/12/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-6212157	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**BUTTS, JACKIE J.
4800 SOUTH US HIGHWAY 1
FORT PIERCE FL 34982**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	JOHNSON, KATHERINE
STREET ADDRESS	520 NW CALIFORNIA BLVD.
CITY-ST-ZIP	PORT ST. LUCIE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BOUDREAU, "BUD"
STREET ADDRESS	P.O. BOX 819 206. S. 6th ST
CITY-ST-ZIP	FT. PIERCE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	Carman, Maxine
STREET ADDRESS	2400 S. OCEAN DRIVE, #2358
CITY-ST-ZIP	FT. PIERCE FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	LOVELESS, RON
STREET ADDRESS	2222 COLONIAL ROAD, STE. 100
CITY-ST-ZIP	FT. PIERCE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CHAPMAN, ANGELA
STREET ADDRESS	2400 S. OCEAN DRIVE, CAT 2358
CITY-ST-ZIP	FORT PIERCE FL
TITLE	P <input type="checkbox"/> DELETE
NAME	CROKE, CARROL
STREET ADDRESS	412 SW AILEEN STREET
CITY-ST-ZIP	PORT ST. LUCIE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Knapp, Karen
1.3 STREET ADDRESS	1351 SE Palm Beach Road
1.4 CITY-ST-ZIP	Port St Lucie, FL
2.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Berger, Gary
2.3 STREET ADDRESS	111 Orange Ave.
2.4 CITY-ST-ZIP	Fort Pierce, FL
3.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Greenlief, Billie
3.3 STREET ADDRESS	3300 Okeechobee Rd
3.4 CITY-ST-ZIP	Fort Pierce, FL
4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Harris, Paul
4.3 STREET ADDRESS	1633 Sweetbay Cir
4.4 CITY-ST-ZIP	Palm City, FL
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Nelson, Greg
5.3 STREET ADDRESS	1900 Old Dixie Hwy
5.4 CITY-ST-ZIP	Fort Pierce, FL
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Dixon, Don
6.3 STREET ADDRESS	337 N 4th ST
6.4 CITY-ST-ZIP	Fort Pierce, FL

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.0503(1), 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: *Carl S. Loveless* **VP** 1/31/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0071548

CR2E037 (9/96)