

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 27 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

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 |
|--|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 11/27/1962 | 3a. Date of Last Report 02/12/1996 |
|--|--|

| | |
|---|----------------------------------|
| 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)