

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 05 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>4800 SOUTH US HIGHWAY 1 FORT PIERCE FL 34982</b>	Mailing Address <b>4800 SOUTH US HIGHWAY 1 FORT PIERCE FL 34982</b>
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3. Date Incorporated or Qualified  
**11/27/1962**

4. FEI Number  
**59-6212157**

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

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip	2a. Mailing Address 28 Suite, Apt. #, etc. 27 City & State 28 Zip	Country 26	Country 30
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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 **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>Johnson, Katherine</b>
STREET ADDRESS	<b>3209 Virginia Ave.</b>
CITY-ST-ZIP	<b>Fort Pierce, FL</b>
TITLE	<b>U</b> <input type="checkbox"/> DELETE
NAME	<b>BOUDREAU, BUD</b>
STREET ADDRESS	<b>206 S 6TH ST</b>
CITY-ST-ZIP	<b>FT. PIERCE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CARMAN, MAXNE</b>
STREET ADDRESS	<b>2400 S. OCEAN DRIVE, #2358</b>
CITY-ST-ZIP	<b>FT. PIERCE FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LOVELESS, RON</b>
STREET ADDRESS	<b>1009 Bermuda Ave.</b>
CITY-ST-ZIP	<b>Fort Pierce, FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>CHAPMAN, ANGELA</b>
STREET ADDRESS	<b>2400 S. OCEAN DRIVE, CAT 2358</b>
CITY-ST-ZIP	<b>FORT PIERCE FL</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>CROKE, CARROL</b>
STREET ADDRESS	<b>412 SW AILEEN STREET</b>
CITY-ST-ZIP	<b>PORT ST. LUCIE FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Knapp, Karen</b>
1.3 STREET ADDRESS	<b>1351 SE Palm Beach Road</b>
1.4 CITY-ST-ZIP	<b>Port St. Lucie, FL</b>
2.1 TITLE	<b>T</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Berger, Gary</b>
2.3 STREET ADDRESS	<b>111 Orange Ave.</b>
2.4 CITY-ST-ZIP	<b>Fort Pierce, FL</b>
3.1 TITLE	<b>S</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Greenlief, Billie</b>
3.3 STREET ADDRESS	<b>3300 Okeechobee Rd</b>
3.4 CITY-ST-ZIP	<b>Fort Pierce, FL</b>
4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Harris, Paul</b>
4.3 STREET ADDRESS	<b>1633 Sweetbay Cir.</b>
4.4 CITY-ST-ZIP	<b>Palm City, FL</b>
5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Nelson, Greg</b>
5.3 STREET ADDRESS	<b>1900 Old Dixie Hwy</b>
5.4 CITY-ST-ZIP	<b>Fort Pierce, FL</b>
6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Saltzer, Maureen</b>
6.3 STREET ADDRESS	<b>600 Edwards Rd.</b>
6.4 CITY-ST-ZIP	<b>Fort Pierce, FL</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(b), 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: \_\_\_\_\_

CR2E037 (10/97)