

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # 712561 (0)**  
1. Corporation Name  
**ST. LUCIE COUNTY BUS DRIVERS ASSOCIATION, INC.**

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 13 PM 2:31**

Principal Place of Business Mailing Address  
**2121 JUANITA AVENUE FORT PIERCE FL 34946-1346**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/10/1967** 3a. Date of Last Report **07/12/1994**  
4. FEI Number **23-7095139** Applied For Not Applicable

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

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**WILSON, BETTY R.  
2121 JUANITA AVE.  
PORT ST LUCIE FL 34946** *Font Pierce, 34946*

**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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstituting) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCCUTCHEN, DEBRA</b>	12 NAME	
STREET ADDRESS	<b>2907 AVE R</b>	13 STREET ADDRESS	
CITY - ST - ZIP	<b>FT. PIERCE FL</b>	14 CITY - ST - ZIP	
TITLE	<b>VPD</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSON, BETTY</b>	22 NAME	
STREET ADDRESS	<b>2121 JUANITA AVE</b>	23 STREET ADDRESS	
CITY - ST - ZIP	<b>FT. PIERCE FL</b>	24 CITY - ST - ZIP	
TITLE	<b>T</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JACKSON, MARILYN</b>	32 NAME	
STREET ADDRESS	<b>2403 AVE Q</b>	33 STREET ADDRESS	
CITY - ST - ZIP	<b>FT. PIERCE FL</b>	34 CITY - ST - ZIP	
TITLE	<b>S</b>	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NETHERTON, DEBORAH</b>	42 NAME	
STREET ADDRESS	<b>601 SUNSET DR.</b>	43 STREET ADDRESS	
CITY - ST - ZIP	<b>FT. PIERCE FL</b>	44 CITY - ST - ZIP	
TITLE	<b>D</b>	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ECKER, HARRIS JR.</b>	52 NAME	
STREET ADDRESS	<b>912 N. 22ND ST.</b>	53 STREET ADDRESS	
CITY - ST - ZIP	<b>PORT ST LUCIE FL</b>	54 CITY - ST - ZIP	
TITLE	<b>D</b>	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DERSAM, JANET</b>	62 NAME	
STREET ADDRESS	<b>14040 ORANGE AVE.</b>	63 STREET ADDRESS	
CITY - ST - ZIP	<b>FT. PIERCE FL</b>	64 CITY - ST - ZIP	

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 addressee.

SIGNATURE: *Betty Wilson Betty L Wilson T* April 8 1995 407-461-1273  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone