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Jan 22 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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.



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

3. Date Incorporated or Qualified: 04/10/1967  
3a. Date of Last Report: 04/01/1996  
4. FEI Number: 23-7095139  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILSON, BETTY R.  
2121 JUANITA AVE.  
FT PIERCE FL 34946

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	S	<input type="checkbox"/> DELETE
NAME	GOLPHIN, LUCILLE	
STREET ADDRESS	109 HILTON DR	
CITY - ST - ZIP	FT PIERCE FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	WILSON, BETTY	
STREET ADDRESS	2121 JUANITA AVE	
CITY - ST - ZIP	FT. PIERCE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	JACKSON, MARILYN	
STREET ADDRESS	2403 AVE Q	
CITY - ST - ZIP	FT. PIERCE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HENDERSON, AMY	
STREET ADDRESS	601 SUNSET DR	
CITY - ST - ZIP	FT PIERCE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DALEY, MARILYN	
STREET ADDRESS	1749 JOYLAVEN ST	
CITY - ST - ZIP	PORT ST LUCIE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOLIN, MARTHA	
STREET ADDRESS	1770 SANDLING LANE	
CITY - ST - ZIP	FT PIERCE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Marilyn Daley
3.3 STREET ADDRESS	1749 Joyhaven Street
3.4 CITY - ST - ZIP	Port St Lucie, FL
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Serena McKay
4.3 STREET ADDRESS	304 S 30th Street
4.4 CITY - ST - ZIP	Fort Pierce, FL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Debra MacCutchen
5.3 STREET ADDRESS	2907 Ave R
5.4 CITY - ST - ZIP	Ft. pierce, FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Betty R. Wilson* Jan 11, 1997 (561) 461-1275

CR2E037 (9/96)