


FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 22 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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

4. FEI Number 23-7095139	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
------------------------------------	---	---

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
--	---

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

22 City & State	27 City & State
-----------------	-----------------

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

23 Zip	25 Country	28 Zip	30 Country
--------	------------	--------	------------

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

9. Name and Address of Current Registered Agent
**WILSON, BETTY R.
 2121 JUANITA AVE.
 FT PIERCE FL 34946**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLPHIN, LUCILLE	1.2 NAME	
STREET ADDRESS	109 HILTON DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, BETTY	2.2 NAME	
STREET ADDRESS	2121 JUANITA AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEBRA MCCUTCHEN, DEBRA	3.2 NAME	
STREET ADDRESS	2907 AVE R	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SERENA MCKAY	4.2 NAME	
STREET ADDRESS	304 S 30 STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALEY, MARILYN	5.2 NAME	
STREET ADDRESS	1749 JOYLAVEN ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOLIN, MARTHA	6.2 NAME	
STREET ADDRESS	1770 SANDLING LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	6.4 CITY-ST-ZIP	

14. I 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* DEBRA MCCUTCHEN, DEBRA WILSON 1-9-98

CR2E037 (10/97)