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CORPORATION
ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # 730757 (2)

1. Corporation Name

MARTIN-ST. LUCIE CHAPTER OF S.P.E.B.S.Q.S.A., IN C.

Principal Place of Business	Mailing Address
10701 S OCEAN DR LOT NO 686 JENSEN BEACH FL 34957	10701 S OCEAN DR LOT NO 686 JENSEN BEACH FL 34957

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/23/1974
3a. Date of Last Report: 03/23/1994
4. FEI Number: 65-0437461 ☐ 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
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

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

9. Name and Address of Current Registered Agent

COSTE, PETER E
10701 S OCEAN DR
LOT 686
JENSEN BCH FL 34957

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	YOUNGER, TERRY	1.2 NAME	
STREET ADDRESS	4021 S.W. ST. LUCIE LN.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	☐ Change ☐ Addition
NAME	KENNION, WILLIAM	2.2 NAME	
STREET ADDRESS	1129 N.W. 15TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	SCHOENER, GEORGE	3.2 NAME	
STREET ADDRESS	11000 SE FEDERAL HIGHWAY, 37	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOBE SOUND FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	ROSMARIN, HERBERT	4.2 NAME	
STREET ADDRESS	624 MADISON AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☑ Change ☐ Addition
NAME	KNUDSON, IRVIN	5.2 NAME	PD
STREET ADDRESS	2898 SE ITALY ST	5.3 STREET ADDRESS	ECKHARDT, PAUL
CITY-ST-ZIP	PT ST LUCIE, FL 00000	5.4 CITY-ST-ZIP	580 SW INDIAN RIVER CT, STUART, FL 34994
TITLE	VD	6.1 TITLE	☑ Change ☐ Addition
NAME	CLOW, DON	6.2 NAME	D
STREET ADDRESS	3075 S.E. BONITA ST.	6.3 STREET ADDRESS	PHILLIPS, GARRETT
CITY-ST-ZIP	STUART FL	6.4 CITY-ST-ZIP	308 S ERIE DRIVE PT. ST. LUCIE FL 34983

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption 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: PETER E. COSTE 407-229-2371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0070039