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Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 10701 S OCEAN DR LOT NO 686 JENSEN BEACH FL 34957	Mailing Address 10701 S OCEAN DR LOT NO 686 JENSEN BEACH FL 34957-2636
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3. Date Incorporated or Qualified 09/23/1974	3a. Date of Last Report 02/21/1996
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2. Principal Place of Business 21 624 MADISON AVE.	2a. Mailing Address 26 624 MADISON AVE.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 STUART FL	City & State 28 STUART FL
Zip 24 34996	Country 25 MARTIN
Country 29 34996	Country 30 MARTIN

4. FEI Number 65-0437461	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No
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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 HERBERT P. ROSMARIN
82 Street Address (P.O. Box Number is Not Acceptable) 624 MADISON AVE.
83
84 City STUART
85 Zip Code FL 34996

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 *Herbert P. Rosmarin*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	☐ DELETE	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	☒ DELETE	2.1 TITLE TD	☐ Change ☐ Addition
NAME KENNION, WILLIAM		2.2 NAME	
STREET ADDRESS 1129 N.W. 15TH ST.		2.3 STREET ADDRESS 1871 S.E. ERWIN RD	
CITY-ST-ZIP STUART FL		2.4 CITY-ST-ZIP PT. ST. LUCIE, FL 34952	
TITLE D	☐ DELETE	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	☐ DELETE	4.1 TITLE SD	☒ 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 PD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME ECKHARDT, PAUL		5.2 NAME	
STREET ADDRESS 580 SW INDIAN RIVER CT		5.3 STREET ADDRESS	
CITY-ST-ZIP STUART FL		5.4 CITY-ST-ZIP	
TITLE D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME PHILLIPS, GARRETT		6.2 NAME	
STREET ADDRESS 308 S ERIE DR		6.3 STREET ADDRESS	
CITY-ST-ZIP FT PIERCE FL		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 *Herbert P. Rosmarin* (Herbert P. Rosmarin) 4/18/97 (511) 730-8000

CR2E037 (9/96)