SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
**Sep 16, 1999 8:00 am**
**Secretary of State**
09-16-1999 90011 021 ****61.25

616170 - 90011 - 21

DOCUMENT # 730757

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

| Principal Place of Business | Mailing Address |
|---|---|
| 624 MADISON AVE<br>STUART FL 34996<br>US | 624 MADISON AVE<br>STUART FL 34996<br>US |

| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualifed |
|---|---|---|
| 21 1549 SW ABINGDON AVE | 26 1549 SW ABINGDON AVE | 09/23/1974 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number 65-0437461 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 PT ST LUCIE FL | City & State<br>28 PT ST LUCIE, FL | 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip / Country<br>24 34953 25 | Zip / Country<br>29 34953 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

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

ROSMARIN, HERBERT P
624 MADISON AVE
STUART FL 34996

**10. Name and Address of New Registered Agent**

81 Name: THOMAS S TRUKAL
82 Street Address (P.O. Box Number is Not Acceptable): 1549 SW ABINGDON AVE
83
84 City: PT ST LUCIE FL 85 Zip Code: 34953

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: THOMAS S TRUKAL SEC Thomas Trukal 8/27/99
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 | COX, JAMES | | 2.2 NAME | STEVE VAN ALLEN | |
| STREET ADDRESS | 1871 SE ERWIN ROAD | | 2.3 STREET ADDRESS | 1701 SE BALMORAL CT | |
| CITY-ST-ZIP | PORT ST LUCIE 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 | SD | ☒ DELETE | 4.1 TITLE | SECD | ☒ Change ☐ Addition |
| NAME | ROSMARIN, HERBERT | | 4. 2 NAME | THOMAS TRUKAL | |
| STREET ADDRESS | 624 MADISON AVE. | | 4.3 STREET ADDRESS | 1549 SW ABINGDON AVE | |
| CITY-ST-ZIP | STUART FL | | 4.4 CITY-ST-ZIP | PT ST LUCIE, FL 34953 | |
| TITLE | PD | ☒ DELETE | 5.1 TITLE | PD | ☒ Change ☐ Addition |
| NAME | ECKHARDT, PAUL | | 5.2 NAME | JOHN HANNAFORD | |
| STREET ADDRESS | 580 SW INDIAN RIVER CT | | 5.3 STREET ADDRESS | PO BOX 9741 | |
| CITY-ST-ZIP | STUART FL | | 5.4 CITY-ST-ZIP | STUART FLA 34996 | |
| TITLE | D | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | KRAMER, CLEMENS E | | 6.2 NAME | | |
| STREET ADDRESS | 2702 ATLANTIC AVAE | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FT PIERCE FL 34950 | | 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, with all other like empowered.

**SIGNATURE:** THOMAS S TRUKAL SEC Thomas Trukal 8/27/99 561 336-2073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (5/99)