

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

02-25-2004 90045 022 ****61.25

DOCUMENT # 730757			
1. Entity Name MARTIN-ST. LUCIE CHAPTER OF S.P.E.B.S.Q.S.A., INC.			
Principal Place of Business RIO CIVIC CENTER 1225 NE DIXIE HWY (707) RIO FL 34957 US		Mailing Address 1084 N.E. AVENIDA DRACAENA JENSEN BEACH FL 34957 US 1701 S.E. BALMORAL CT. PORT ST LUCIE FL 34952	
2. Principal Place of Business		3. Mailing Address 1701 S.E. BALMORAL CT.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State PORT ST. LUCIE, FL	
Zip	Country	Zip	Country
34952		ST. LUCIE	
4. FEI Number 65-0437461		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VAN ALLEN, STEPHEN E. 1701 SE BALMORAL CT PORT SAINT LUCIE FL 34952-4136		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Stephen E. Van Allen, TREASURER</i>		DATE <i>03/05/04</i>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW: FEE IS \$61.25 Due By: May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		Make Check Payable to: Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHOENER, GEORGE 1904 N.E. AVENIDA DRACAENA JENSEN BEACH FL 34957 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ANTHONY CHAMPA 12175 S.E. BANNER LAKE CIRCLE HOBE SOUND, FL 33455 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PIZZO, SAM 1225 NW 21ST ST, #3410 STUART FL 34994-6356 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CHARLES HOFFMAN 6353 LOCKERBY PLACE HOBE SOUND, FL 33455 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VAN ALLEN, STEPHAN 1701 SW BALMORAL CT PORT ST LUCIE FL 34952-4136 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. ARNOLD FELTMAN 400 NORTH A1A #20 JUPITER, FL 33477 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YOUNGER, TERRY 1973 SW ERIE ST. PORT SAINT LUCIE FL 34953 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STEPHEN VAN ALLEN 1701 S.E. BALMORAL CT. PORT ST. LUCIE, FL 34952 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ECKHARDT, PAUL 2349 SE DELANO RD PORT ST LUCIE FL 34952-5557 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD M. FRANCIS VALENTI 1474 NW COCONUT POINT LN. STUART, FL 34994 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASEY, EDWARD 948 EURBACAN LN. FORT PIERCE FL 34982 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BOARD M. CLEMONS KRAMER 2702 ATLANTIC AVE FT. PIERCE, FL 34947 ☒ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 817, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <i>Stephen E. Van Allen, TREASURER</i>		DATE <i>03/19/04</i> 772-335-7321	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	