

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 744753 (5)
1. Corporation Name
LONGSHOREMEN OF ST. LUCIE COUNTY, INC.



Principal Place of Business: 503 N. 7TH STREET FORT PIERCE FL 34950-8229
Mailing Address: 503 N. 7TH STREET FORT PIERCE FL 34950-8229

3. Date Incorporated or Qualified: 10/30/1978
3a. Date of Last Report: 07/19/1995

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

4. FEI Number: 59-2004503
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: GUYTON, COSTELLO 503 NORTH SEVENTH ST. FT. PIERCE FL 34950
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (FL)

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: *Costello Guyton* *Costello Guyton* DATE: 4/30/96
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: PD	NAME: GUYTON, COSTELLO	1.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 503 NORTH SEVENTH ST.	CITY-ST-ZIP: FT PIERCE, FL 00000	1.2 NAME:	
TITLE: VD	NAME: KING, LEON	1.3 STREET ADDRESS:	1.4 CITY-ST-ZIP:
STREET ADDRESS: 503 NORTH SEVENTH ST.	CITY-ST-ZIP: FT PIERCE, FL 00000	2.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE: SD	NAME: KING, WILLIE	2.2 NAME:	
STREET ADDRESS: 503 NORTH SEVENTH ST.	CITY-ST-ZIP: FT PIERCE FL	2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:
TITLE: VDS	NAME: GREY, JAMES	3.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS: 503 NORTH SEVENTH ST.	CITY-ST-ZIP: FT PIERCE FL	3.2 NAME:	
TITLE: T	NAME: WALCOTT, CHARLES	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
STREET ADDRESS: 503 NORTH SEVENTH ST.	CITY-ST-ZIP: FT PIERCE FL	4.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE:	NAME:	4.2 NAME:	
STREET ADDRESS:	CITY-ST-ZIP:	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE:	NAME:	5.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
TITLE:	NAME:	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
STREET ADDRESS:	CITY-ST-ZIP:	6.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE:	NAME:	6.2 NAME:	
STREET ADDRESS:	CITY-ST-ZIP:	6.3 STREET ADDRESS:	6.4 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Costello Guyton* DATE: 4/30/96 DAYTIME PHONE: 407-466-9618
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)