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**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90010 001 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 744753**

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/30/1978	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2004503	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

**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	FL 85 Zip Code

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

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUYTON, COSTELLO	1.2 NAME	
STREET ADDRESS	503 NORTH SEVENTH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KING, LEON	2.2 NAME	SIMMON, JONATHAN
STREET ADDRESS	503 NORTH SEVENTH ST.	2.3 STREET ADDRESS	503 NORTH 7TH STREET
CITY-ST-ZIP	FT PIERCE, FL 00000	2.4 CITY-ST-ZIP	FT. PIERCE, FL 34950
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KING, WILLIE	3.2 NAME	GEORGE DAWSEY
STREET ADDRESS	503 NORTH SEVENTH ST.	3.3 STREET ADDRESS	503 NORTH 7TH STREET
CITY-ST-ZIP	FT PIERCE FL	3.4 CITY-ST-ZIP	FT. PIERCE, FL 34950
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALCOTT, CHARLES	4.2 NAME	
STREET ADDRESS	503 NORTH SEVENTH ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *[Signature]* **President** 1-29-99  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)