FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **748100** **(5)**

1. Corporation Name
THE ARC OF ST. LUCIE COUNTY, INC.

Principal Place of Business	Mailing Address
4131 S US 1 S4 FT. PIERCE FL 34982 US	P. O. BOX 1016 N/A FT. PIERCE FL 34954 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/17/1979
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1100961 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 4816 S US 1	26 S-AA
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Ft. Pierce, Fl	28 City & State
24 Zip: 34982 25 County: US	29 Zip 30 Country

5. Certificate of Status Desired: X — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: X — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KING, CHERYL
207 MAPLE AVE.
FT. PIERCE FL 34982

10. Name and Address of New Registered Agent

81 Name: King Cheryl
82 Street Address (P.O. Box Number is Not Acceptable): 1905 York Ct.
83
84 City: Ft. Pierce FL 85 Zip Code: 34982

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Cheryl King Executive Director — April 19, 1995
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	P	1.1 TITLE		☐ Change ☐ Addition
NAME	DWYER, JAMES	1.2 NAME		
STREET ADDRESS	5603 CASSIA DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL	1.4 CITY-ST-ZIP		
TITLE	VP	2.1 TITLE	Director-Treasurer	X Change ☐ Addition
NAME	WOERTZ, ERIC Delete	2.2 NAME	Margaret Marinko	
STREET ADDRESS	1604 EDGEVALE RD	2.3 STREET ADDRESS	5742 Briargate Ln.	
CITY-ST-ZIP	FT. PIERCE FL	2.4 CITY-ST-ZIP	Ft. Pierce FL 34982	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	KIRK, GREG	3.2 NAME		
STREET ADDRESS	P.O. BOX 1149 N/A	3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	~~D~~ Secretary	X Change ☐ Addition
NAME	MASCIOLI, "MAC" Delete	4.2 NAME	Cathi Costa	
STREET ADDRESS	1804 S. OCEAN DR.	4.3 STREET ADDRESS	1951 Croquet St.	
CITY-ST-ZIP	FT. PIERCE FL	4.4 CITY-ST-ZIP	Pt. St. Lucie FL 34983	
TITLE	~~D~~ VP	5.1 TITLE	Vice President	X Change ☐ Addition
NAME	MARTABANO, ALFRED	5.2 NAME	[redacted]	
STREET ADDRESS	788 SE SEAHOUSE DR.	5.3 STREET ADDRESS	[redacted] St.	
CITY-ST-ZIP	PORT ST. LUCIE FL	5.4 CITY-ST-ZIP	[redacted]	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	SCIALDO, PENNY	6.2 NAME		
STREET ADDRESS	422 HERNANDO ST.	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 is voluntarily furnished and 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: X Margaret Marinko
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000001