FILE NOW: FILING FEE IS $61.25

FILED
Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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

1. Corporation Name

THE ARC OF ST. LUCIE COUNTY, INC.

Principal Place of Business	Mailing Address
616 ATLANTIC AVE FT. PIERCE FL 34950 US	P. O. BOX 1016 N/A FT. PIERCE FL 34954 US

3. Date Incorporated or Qualified: 07/17/1979

4. FEI Number: 59-1100961 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KING, CHERYL
1905 YORK CT.
FT. PIERCE FL 34982

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 Cheryl A. King Ex. Dir. 11/14/98
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	DT	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	MALAQUIST, MARGARET		1.2 NAME	Malmquist, Elaine	
STREET ADDRESS	2916 SE DARIEN		1.3 STREET ADDRESS		
CITY-ST-ZIP	PT. ST. LUCIE FL 34953		1.4 CITY-ST-ZIP		
TITLE	DP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KIRK, GREG		2.2 NAME		
STREET ADDRESS	P.O. BOX 1149 N/A		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL		2.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	COSTA, CATHI		3.2 NAME		
STREET ADDRESS	1951 CORQUET ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	PT. ST. LUCIE FL		3.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MARTABANO, ALFRED		4.2 NAME		
STREET ADDRESS	788 SE SEAHOUSE DR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SCIALDO, PENNY		5.2 NAME		
STREET ADDRESS	422 HERNANDO ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. PIERCE FL		5.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CONNER, ALECIA		6.2 NAME		
STREET ADDRESS	1117 SW DEL RIO BLVD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	PT ST LUCIE FL 34953		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: Cheryl A. King 11/14/98