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 FEB -9 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N36808 (6)

1. Corporation Name
ST. LUCIE COUNTY EDUCATION FOUNDATION, INC.

Principal Place of Business	Mailing Address
C/O DAVID MOSRIE 2909 DELAWARE AVE. FT. PIERCE FL 34947-7299	C/O DAVID MOSRIE 2909 DELAWARE AVE. FT. PIERCE FL 34947-7299

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/22/1990
3a. Date of Last Report: 06/24/1994
4. FEI Number: 65-0209044 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

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

9. Name and Address of Current Registered Agent

MOSRIE, DAVIE DR.
2909 DELAWARE AVE.
FT. PIERCE FL 34947-7299

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 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 _____ DATE
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	DT	1.1 TITLE	DV ☑ Change ☐ Addition
NAME	TERPENING, WILMA	1.2 NAME	
STREET ADDRESS	4370 CHRISTENSEN RD	1.3 STREET ADDRESS	200001409282
CITY-ST-ZIP	FT. PIERCE FL 34981	1.4 CITY-ST-ZIP	-02/10/95--01061--010
			*****61.25 *****61.25
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MOSRIE, DAVID	2.2 NAME	
STREET ADDRESS	2909 DELAWARE AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	TIS 2/9/95 ☐ Change ☐ Addition
NAME	ROWLEY, JANE	3.2 NAME	
STREET ADDRESS	8019 S US 1	3.3 STREET ADDRESS	
CITY-ST-ZIP	PT ST LUCIE FL	3.4 CITY-ST-ZIP	
TITLE	DP	4.1 TITLE	☐ Change ☐ Addition
NAME	ROBERTS, J. HAL	4.2 NAME	
STREET ADDRESS	10570 S. FEDERAL HWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	4.4 CITY-ST-ZIP	
TITLE	DS	5.1 TITLE	☐ Change ☐ Addition
NAME	BACCUS, CHEVON T.	5.2 NAME	
STREET ADDRESS	2909 DELAWARE AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	5.4 CITY-ST-ZIP	
TITLE	DV	6.1 TITLE	DT ☐ Change ☐ Addition
NAME	CARMAN, ROBERT	6.2 NAME	
STREET ADDRESS	2400 S. OCEAN DR #C-2358	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34949	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: C T B 1/17/95 407-418-5898
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
CHEVON T. BACCUS

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