

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # N36808 (6)
1. Corporation Name
ST. LUCIE COUNTY EDUCATION FOUNDATION, INC.

**APPROVED
AND
FILED**

95 FEB -9 AM 8:40

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/22/1990	3a. Date of Last Report 06/24/1994
4. FBI 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	

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

9. Name and Address of Current Registered Agent	
MOSRIE, DAVIE DR. 2909 DELAWARE AVE. FT. PIERCE FL 34947-7299	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

10. Name and Address of New Registered Agent	

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: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	1.1 TITLE	DV
NAME	TERPENING, WILMA	1.2 NAME	
STREET ADDRESS	4370 CHRISTENSEN RD	1.3 STREET ADDRESS	200001403282
CITY-ST-ZIP	FT. PIERCE FL 34981	1.4 CITY-ST-ZIP	-02/10/95--01061--010
TITLE	D	2.1 TITLE	*****61.25
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	
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	
NAME	ROBERTS, J. HAL	4.2 NAME	
STREET ADDRESS	L0570 S. FEDERAL HWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST. LUCIE FL	4.4 CITY-ST-ZIP	
TITLE	DS	5.1 TITLE	
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
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 110.07(3)(j), 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: CHEVON T. BACCUS 1/17/95 407-418-5898
DATE: _____ SIGNATURE: _____