

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

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



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

Mailing Address  
**C/O DAVID MOSRIE  
2909 DELAWARE AVE.  
FT. PIERCE FL 34947-7299**

3. Date Incorporated or Qualified **02/22/1990** 3a. Date of Last Report **02/09/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>65-0209044</b>		Applied For <input type="checkbox"/> Not Applicable	
21 <b>2909 Delaware Avenue</b>		26 <b>2909 Delaware Avenue</b>					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
22		27		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
23 <b>Fort Pierce, FL</b>		28 <b>Fort Pierce, FL</b>					
Zip		Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 <b>34947</b>		25 <b>USA</b>		29 <b>34947</b>		30 <b>USA</b>	

## 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 **Mosrie, David Dr.**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2909 Delaware Avenue**  
83  
84 City **Fort Pierce, FL** 85 Zip Code **34947**

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 **Dr. David Mosrie, Superintendent**

**March 19, 1996**

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 '92	
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>DPres.</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TERPENING, WILMA</b>	1.2 NAME	<b>Gary Roberts</b>
STREET ADDRESS	<b>4370 CHRISTENSEN RD</b>	1.3 STREET ADDRESS	<b>11201 Midway Road</b>
CITY-ST-ZIP	<b>FT. PIERCE FL 34981</b>	1.4 CITY-ST-ZIP	<b>Fort Pierce, FL 34945</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOSRIE, DAVID</b>	2.2 NAME	<b>400001754584</b>
STREET ADDRESS	<b>2909 DELAWARE AVE.</b>	2.3 STREET ADDRESS	<b>03/22/96--01038--004</b>
CITY-ST-ZIP	<b>FT. PIERCE FL</b>	2.4 CITY-ST-ZIP	<b>***79,00</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>DVP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROWLEY, JANE</b>	3.2 NAME	<b>Evet Simmons</b>
STREET ADDRESS	<b>8019 S US 1</b>	3.3 STREET ADDRESS	<b>145 N.W. Central Park Plaza</b>
CITY-ST-ZIP	<b>PT ST LUCIE FL</b>	3.4 CITY-ST-ZIP	<b>Pt. St. Lucie, FL 34986</b>
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>DT</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERTS, J. HAL</b>	4.2 NAME	<b>Jay Hart</b>
STREET ADDRESS	<b>L0570 S. FEDERAL HWY</b>	4.3 STREET ADDRESS	<b>111 Orange Avenue</b>
CITY-ST-ZIP	<b>PORT ST. LUCIE FL</b>	4.4 CITY-ST-ZIP	<b>Fort Pierce, FL 34950</b>
TITLE	<b>DS</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>SDS</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BACCUS, CHEVON T.</b>	5.2 NAME	<b>Cynthia Savela</b>
STREET ADDRESS	<b>2909 DELAWARE AVE.</b>	5.3 STREET ADDRESS	<b>2909 Delaware Avenue</b>
CITY-ST-ZIP	<b>FT. PIERCE FL</b>	5.4 CITY-ST-ZIP	<b>Fort Pierce, FL 34947</b>
TITLE	<b>DT</b> <input type="checkbox"/> DELETE	6.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARMAN, ROBERT</b>	6.2 NAME	<b>Judi Miller</b>
STREET ADDRESS	<b>2400 S. OCEAN DR #C-2358</b>	6.3 STREET ADDRESS	<b>P.O. Box 3957N/A</b>
CITY-ST-ZIP	<b>FT. PIERCE FL 34949</b>	6.4 CITY-ST-ZIP	<b>Fort Pierce, FL 34948</b>

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)(k), 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: **Cynthia R. Savela, Executive Director** 3/19/96 407-468-5275  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)