

FILE NOW: FILING FEE IS \$61.25

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Apr 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N36808** (6)
1. Corporation Name
ST. LUCIE COUNTY EDUCATION FOUNDATION, INC.

Principal Place of Business Mailing Address
2909 DELAWARE AVENUE **2909 DELAWARE AVENUE**
FT. PIERCE FL 34947 **FT. PIERCE FL 34947**



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 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	02/22/1990
4. FEI Number	65-0209044
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
MOSRIE, DAVE DR.
2909 DELAWARE AVE.
FT. PIERCE FL 34947

10. Name and Address of New Registered Agent
81 Name Trina O'Brien, Executive Director
82 Street Address (P.O. Box Number is Not Acceptable) 2909 Delaware Avenue
83
84 City Fort Pierce FL 85 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 *[Signature]* 4.8.98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	ROBERTS, GARY
STREET ADDRESS	11201 MIDWAY RD
CITY-ST-ZIP	FT. PIERCE FL 34945
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MOSRIE, DAVID
STREET ADDRESS	2909 DELAWARE AVE.
CITY-ST-ZIP	FT. PIERCE FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	SIMMONS, EVETT
STREET ADDRESS	145 NW CENTRAL PARK PLAZA
CITY-ST-ZIP	PT ST LUCIE FL 34950-0
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	HART, JAY
STREET ADDRESS	111 ORANGE AVE
CITY-ST-ZIP	FT PIERCE FL 34947
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	SAVELA, CYNTHIA
STREET ADDRESS	2909 DELAWARE AVENUE
CITY-ST-ZIP	FT. PIERCE FL 34947
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MILLER, JUDI
STREET ADDRESS	P.O. BOX 3957 N/A
CITY-ST-ZIP	FT PIERCE FL 34948

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Executive Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Trina O'Brien
2.3 STREET ADDRESS	2909 Delaware Avenue
2.4 CITY-ST-ZIP	Fort Pierce, FL 34947
3.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ms. Joyce Nix
3.3 STREET ADDRESS	111 Orange Avenue
3.4 CITY-ST-ZIP	Fort Pierce, FL 34950
4.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Scott Walter
4.3 STREET ADDRESS	2505 US Highway 1
4.4 CITY-ST-ZIP	Fort Pierce, FL 34982
5.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Ms. Gertrude Walker
5.3 STREET ADDRESS	2300 Virginia Avenue
5.4 CITY-ST-ZIP	Fort Pierce, FL 34982
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *[Signature]* 4.1.1998 (561) 468-5839

CR2E037 (10/97)