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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 704161

1. Corporation Name
ST. LUCIE COUNTY INDEPENDENT INSURANCE AGENTS, I NC.

Principal Place of Business: 125 S 2 STREET FT. PIERCE FL 34950
 Mailing Address: 125 S 2 STREET FT. PIERCE FL 34950



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	1430 SW ST LUCIE WEST BLVD	26	1430 SW ST LUCIE WEST BLVD	06/12/1962	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22	#4	27	#4	59-1389935	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23	Pt St Lucie, FL	28	Pt.St. Lucie, FL	\$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24	34986 St Lucie	29	34986 St. Lucie	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
ENNS, EDWARD G. 601 CITRUS AVENUE FT. PIERCE FL 34950				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				FL	

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: _____ 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	PD <input type="checkbox"/> DELETE	1.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLBUR, JR D G	1.2 NAME	ANN R. RISE
STREET ADDRESS	2716 S US 1	1.3 STREET ADDRESS	1430 SW ST LUCIE WEST BLVD #4
CITY-ST-ZIP	FT PIERCE FL	1.4 CITY-ST-ZIP	PT ST. LUCIE, FL 34986
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RISE, ANN R.	2.2 NAME	
STREET ADDRESS	125 SOUTH 2 STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENNS, EDWARD G	3.2 NAME	
STREET ADDRESS	601 CITRUS AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL 34950	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRISCOLL, MIKE	4.2 NAME	
STREET ADDRESS	2222 COLONIAL RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL 34948	4.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YATES, DON	5.2 NAME	
STREET ADDRESS	780 W MIDWAY RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL 34979	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *ANN R. RISE* 5-18-99 561-878-9222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)