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May 17, 1999 8:00 am
Secretary of State

05-17-1999 90083 018 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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

21 1430 SW ST LUCIE WEST BLVD

2a. Mailing Address

26 1430 SW ST LUCIE WEST BLVD

Suite, Apt. #, etc.

22 #4

Suite, Apt. #, etc.

27 #4

City & State

23 Pt St Lucie, FL

City & State

28 Pt.St. Lucie, FL

Zip Country

24 34986

25 St Lucie

Zip Country

29 34986

30 St. Lucie

3. Date Incorporated or Qualified

06/12/1962

4. FEI Number

59-1389935

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

9. Name and Address of Current Registered Agent

ENNS, EDWARD G.
 601 CITRUS AVENUE
 FT. PIERCE FL 34950

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 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, 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	WILLBUR, JR D G	
STREET ADDRESS	2716 S US 1	
CITY-ST-ZIP	FT PIERCE FL	

TITLE	STD	<input type="checkbox"/> DELETE
NAME	RISE, ANN R.	
STREET ADDRESS	125 SOUTH 2 STREET	
CITY-ST-ZIP	FT PIERCE FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ENNS, EDWARD G	
STREET ADDRESS	601 CITRUS AVE	
CITY-ST-ZIP	FT PIERCE FL 34950	

TITLE	D	<input type="checkbox"/> DELETE
NAME	DRISCOLL, MIKE	
STREET ADDRESS	2222 COLONIAL RD	
CITY-ST-ZIP	FT PIERCE FL 34948	

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	YATES, DON	
STREET ADDRESS	780 W MIDWAY RD	
CITY-ST-ZIP	FT PIERCE FL 34979	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ANN R. RISE	
1.3 STREET ADDRESS	1430 SW ST LUCIE WEST BLVD #4	
1.4 CITY-ST-ZIP	PT ST. LUCIE, FL 34986	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

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, 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)