

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 712561 (0)

1. Corporation Name

ST. LUCIE COUNTY BUS DRIVERS ASSOCIATION, INC.



Principal Place of Business

2121 JUANITA AVENUE
FORT PIERCE FL 34946-1346

Mailing Address

2121 JUANITA AVENUE
FORT PIERCE FL 34946-1346

3. Date Incorporated or Qualified
04/10/1967

3a. Date of Last Report
04/13/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

4. FEI Number
23-7095139

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**WILSON, BETTY R.
2121 JUANITA AVE.
FT PIERCE FL 34946**

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 terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MCCUTCHEN, DEBRA
STREET ADDRESS 2907 AVE R
CITY-ST-ZIP FT. PIERCE FL ☐ DELETE

TITLE VPD
NAME WILSON, BETTY
STREET ADDRESS 2121 JUANITA AVE
CITY-ST-ZIP FT. PIERCE FL ☐ DELETE

TITLE T
NAME JACKSON, MARILYN
STREET ADDRESS 2403 AVE Q
CITY-ST-ZIP FT. PIERCE FL ☒ DELETE

TITLE S
NAME NETHERTON, DEBORAH
STREET ADDRESS 601 SUNSET DR.
CITY-ST-ZIP FT. PIERCE FL ☒ DELETE

TITLE D
NAME ECKER, HARRIS JR.
STREET ADDRESS 912 N. 22ND ST.
CITY-ST-ZIP PORT ST LUCIE FL ☒ DELETE

TITLE D
NAME DERSAM, JANET
STREET ADDRESS 14040 ORANGE AVE.
CITY-ST-ZIP FT. PIERCE FL ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Michelle Dolphin ☒ Change ☒ Addition
Secretary
169 Hilton Dr. Ft. Pierce, FL 34946

Board of Director ☐ Change ☒ Addition
Amy Henderson

Board of Director ☐ Change ☐ Addition
Marilyn Daley
1749 Soyhaven St. Port St. Lucie, FL

Board of Director ☐ Change ☐ Addition
Martha Bolin, 1770 Sandling Lane
Ft. Pierce, FL

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:

Betty R. Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-96

(407)

461-1275

CR2E037 (12/95)