

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # 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 34946-13463. Date Incorporated or Qualified
04/10/19673a. Date of Last Report
04/01/1996

4. FEI Number

23-7095139

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 S ☐ DELETE
NAME GOLPHIN, LUCILLE
STREET ADDRESS 109 HILTON DR
CITY - ST - ZIP FT PIERCE FLTITLE VPD ☐ DELETE
NAME WILSON, BETTY
STREET ADDRESS 2121 JUANITA AVE
CITY - ST - ZIP FT. PIERCE FLTITLE T ☒ DELETE
NAME JACKSON, MARILYN
STREET ADDRESS 2403 AVE Q
CITY - ST - ZIP FT. PIERCE FLTITLE D ☒ DELETE
NAME HENDERSON, AMY
STREET ADDRESS 601 SUNSET DR
CITY - ST - ZIP FT PIERCE FLTITLE D ☐ DELETE
NAME DALEY, MARILYN
STREET ADDRESS 1749 JOYLAVEN ST
CITY - ST - ZIP PORT ST LUCIE FLTITLE D ☐ DELETE
NAME BOLIN, MARTHA
STREET ADDRESS 1770 SANDLING LANE
CITY - ST - ZIP FT PIERCE FL

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 - ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP3.1 TITLE ☒ Change ☐ Addition
3.2 NAME Marilyn Daley
3.3 STREET ADDRESS 1749 Joyhaven Street
3.4 CITY - ST - ZIP Port St Lucie, FL4.1 TITLE ☒ Change ☐ Addition
4.2 NAME Serena McKay
4.3 STREET ADDRESS 304 S 30th Street
4.4 CITY - ST - ZIP Fort Pierce, FL5.1 TITLE ☐ Change ☐ Addition
5.2 NAME Debra MacCutchen
5.3 STREET ADDRESS 2907 Ave R
5.4 CITY - ST - ZIP Ft. Pierce, FL6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do 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:

Betty R. Wilson

Jan 11, 1997

(561)

461-1275

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 2027272

CP2E037 (9/96)