

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712561

FILED
May 10, 2004
Secretary of State

Entity Name: ST. LUCIE COUNTY BUS DRIVERS ASSOCIATION, INC.

Current Principal Place of Business:

2121 JUANITA AVENUE
FORT PIERCE, FL 349461346

New Principal Place of Business:

Current Mailing Address:

2121 JUANITA AVENUE
FORT PIERCE, FL 349461346

New Mailing Address:

FEI Number: 23-7095139

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VICKERS, SPICY VIRGINA
Address: 4211 AVE R
City-St-Zip: FORT PIERCE, FL 34947

Title: VPD () Delete
Name: WILSON, BETTY,
Address: 2121 JUANITA AVE
City-St-Zip: FT. PIERCE, FL

Title: D () Delete
Name: HOLERGER, PATRICIA
Address: 1906 EASTER AVENUE
City-St-Zip: FT. PIERCE, FL

Title: S () Delete
Name: SANDERS, DAISY
Address: 708 N 20TH STREET
City-St-Zip: FT PIERCE, FL

Title: D () Delete
Name: CALZOLANO, JOHN
Address: 1220 BNW BENTLEY CR
City-St-Zip: PORT ST LUCIE, FL

Title: C () Delete
Name: FREEMAN, WILLIE
Address: 2916 SW BRIDGE ST
City-St-Zip: PORT ST LUCIE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY WILSON

VPD

05/10/2004

Electronic Signature of Signing Officer or Director

Date