


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 720067 (8) 1. Corporation Name ST. LUCIE COUNTY WELFARE ASSOCIATION					
Principal Place of Business 700 S. 29TH ST. P.O. BOX 2079 FT. PIERCE FL 34954			Mailing Address 700 S. 29TH ST. P.O. BOX 2079 FT. PIERCE FL 34954		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/14/1971	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-0638486	
22 City & State		27 City & State		Applied For Not Applicable	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent HAYES, DELORES GOVERI 700 S 29TH STREET FORT PIERCE FL 34947				7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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.				81 Name	
SIGNATURE <i>DeLores Hayes</i>				82 Street Address (P.O. Box Number is Not Acceptable)	
Signature, typed or printed name of registered agent and file if applicable.				83	
(NOTE: Registered Agent signature required when reinstating)				84 City	
DATE 01-27-98				85 Zip Code	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		D <input type="checkbox"/> DELETE		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		HAISLEY, RICK		1.2 NAME	
STREET ADDRESS		3015 OKEECHOBEE RD		1.3 STREET ADDRESS	
CITY-ST-ZIP		FT PIERCE, FL 00000		1.4 CITY-ST-ZIP	
TITLE		VD <input type="checkbox"/> DELETE		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		SWIETER MARY JANE		2.2 NAME	
STREET ADDRESS		837 SW GOODRICH STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP		PORT ST. LUCIE FL		2.4 CITY-ST-ZIP	
TITLE		VD <input type="checkbox"/> DELETE		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		HECKENDORN, MILES		3.2 NAME	
STREET ADDRESS		180 BONITA COURT DT		3.3 STREET ADDRESS	
CITY-ST-ZIP		PORT ST		3.4 CITY-ST-ZIP	
TITLE		DC <input type="checkbox"/> DELETE		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		GOODENOW, MARY		4.2 NAME	
STREET ADDRESS		1120 PASEO AVENUE		4.3 STREET ADDRESS	
CITY-ST-ZIP		FORT PIERCE FL		4.4 CITY-ST-ZIP	
TITLE		D <input checked="" type="checkbox"/> DELETE		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		CULPEPPER, JUDY		5.2 NAME	
STREET ADDRESS		1812 HAZELWOOD DRIVE		5.3 STREET ADDRESS	
CITY-ST-ZIP		FORT PIERCE FL		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.					
SIGNATURE: <i>DeLores Hayes</i> SIGNATURE REQUIRED <i>DeLores Hayes</i> - 01-27-98 (561) 465-780					



CR2E037 (10/97)