

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90264 006 ****61.25

DOCUMENT # 720067

1. Entity Name

ST. LUCIE COUNTY WELFARE ASSOCIATION, INC.

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0638486

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAYES, DELORES GOVERI
700 S 29TH STREET
FORT PIERCE FL 34947**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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 *DeLores Y. Hayes*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **HAISLEY, RICK**
STREET ADDRESS **3015 OKEECHOBEE RD**
CITY-ST-ZIP **FT PIERCE, FL 00000**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **HENDRICKSON, KEVIN**
STREET ADDRESS **310 SOUTH 2ND STREET**
CITY-ST-ZIP **FORT PIERCE FL 34950**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **HECKENDORN, MILES**
STREET ADDRESS **180 BONITA COURT DT**
CITY-ST-ZIP **PORT ST**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DC** ☐ Delete
NAME **GOODENOW, MARY**
STREET ADDRESS **1120 PASEO AVENUE**
CITY-ST-ZIP **FORT PIERCE FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GREEN, LINDA**
STREET ADDRESS **1203 SOUTH 33RD STREET**
CITY-ST-ZIP **FORT PIERCE FL 34947**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DeLores Y. Hayes 01-30-2000 561-465-7560

Date

Daytime Phone #

CR2E037 (10/00)