

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720067

1. Entity Name

ST. LUCIE COUNTY WELFARE ASSOCIATION, INC.

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90098 010 ****61.25

Principal Place of Business

Mailing Address

700 S. 29TH ST.
P.O. BOX 2079
FT. PIERCE FL 34954

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

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 Miller, Bennie
STREET ADDRESS 1425 Captains Walk, Apt. A
CITY-ST-ZIP Ft. Pierce, FL 34950

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 D ☒ Change ☐ Addition
NAME Rebholz, Linda
STREET ADDRESS 1203 South 33rd St.
CITY-ST-ZIP Ft. Pierce, FL 34947

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: *Deborah Hayes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)