

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 07, 2007 8:00 am
Secretary of State

03-07-2007 90021 013 ****61.25

DOCUMENT # 730757

1. Entity Name

**MARTIN-ST. LUCIE CHAPTER OF S.P.E.B.S.Q.S.A.,
INC.**



Principal Place of Business

Mailing Address

**RIO CIVIC CENTER
1225 NE DIXIE HWY (707)
RIO FL 34957
US**

**1701 SE BALMORAL CT.
PORT SAINT LUCIE FL 34952
US**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0437461

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

**VAN ALLEN, STEPHEN E.
1701 SE-BALMORAL CT
PORT SAINT LUCIE FL 34952-4136**

Name **THOMAS CRAMER**

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

7041 S.E. BAY HILL DR.

City **STUART**

FL

Zip Code **34997**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Stephen E. Van Allen Thomas Cramer

2/25/07

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **VANDE MARK, JOHN**
STREET ADDRESS **1707 SE HONDO AVE**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE **S** ☐ Delete
NAME **CASEY, EDWARD**
STREET ADDRESS **348 EUROPEAN LANE**
CITY-ST-ZIP **FORT PIERCE FL 34982-3929**

TITLE **VP** ☐ Delete
NAME **FELIMAN, ARNOLD**
STREET ADDRESS **400 NORTH A1A, #20**
CITY-ST-ZIP **JUPITER FL 33477**

TITLE **TD** ☒ Delete
NAME **VAN ALLEN, STEPHEN**
STREET ADDRESS **1701 SE BALMORAL CT.**
CITY-ST-ZIP **PORT SAINT LUCIE FL 34952**

TITLE **VP** ☐ Delete
NAME **BRUMM, GERALD**
STREET ADDRESS **2666 SE STONE BRIAR WAY**
CITY-ST-ZIP **STUART FL 34997**

TITLE **BM** ☐ Delete
NAME **ELLEN BERGER, RICHARD F**
STREET ADDRESS **19670 BEACH RD PHC -2**
CITY-ST-ZIP **JUPITER FL 33469**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE **TD** ☒ Change ☐ Addition
NAME **THOMAS CRAMER**
STREET ADDRESS **7041 S.E. BAY HILL DR.**
CITY-ST-ZIP **STUART, FL 34997**

TITLE ☐ Change ☐ Addition
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 exemptions contained in Section 119, 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:

Thomas Cramer

2/25/07

772 781 3029

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #