

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morinam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # 733707 (4)

1. Corporation Name  
CLUB UTILITAS, INC.

95 FEB - 8 AM 9:46

Principal Place of Business Mailing Address  
1002 AVENUE 'L'  
P.O. BOX 61  
FORT PIERCE FL 34954  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/02/1975 3a. Date of Last Report 05/01/1994  
4. FEI Number 59-2736109 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
MCDONALD, BERTHA  
2103 JUANITA AVE.  
FORT PIERCE FL 34947

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Bertha M. Donald*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering) DATE 1-30-95

12. OFFICERS AND DIRECTORS

TITLE	T
NAME	JESSYE WALKER
STREET ADDRESS	2102 VALENCIA
CITY-ST-ZIP	FORT PIERCE FL
TITLE	P
NAME	HAIR, LIZZIE
STREET ADDRESS	4101 SAN DIEGO AVE
CITY-ST-ZIP	FT. PIERCE FL
TITLE	FST
NAME	JOHNSON, YVONNE
STREET ADDRESS	1127 FORESTHILL COVE
CITY-ST-ZIP	PORT ST. LUCIE FL
TITLE	V
NAME	JACKSON, SARAH
STREET ADDRESS	1901 N. 41 ST.
CITY-ST-ZIP	FT. PIERCE FL
TITLE	CMD
NAME	MCDONALD, BERTHA
STREET ADDRESS	2103 JUANITA AVENUE
CITY-ST-ZIP	FT. PIERCE FL
TITLE	S
NAME	GEORGE, PORTIA
STREET ADDRESS	707 N. 19TH ST.
CITY-ST-ZIP	FT. PIERCE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with no additions.

SIGNATURE: *Cara L. Morinam, Director* 1/31/95 407-465-0321  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #