

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 733707 (4)

1. Corporation Name
CLUB UTILITAS, INC.



Principal Place of Business: 1002 AVENUE "L" P.O. BOX 61 FORT PIERCE FL 34954 US
Mailing Address: POST OFFICE BOX 61 P.O. BOX 61 FORT PIERCE FL 34954 US

3. Date Incorporated or Qualified: 09/02/1975
3a. Date of Last Report: 02/08/1995

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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 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.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating.) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	T	<input type="checkbox"/> DELETE
NAME	JESSYE WALKER	
STREET ADDRESS	2102 VALENCIA	
CITY-ST-ZIP	FORT PIERCE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HAIR, LIZZIE	
STREET ADDRESS	4101 SAN DIEGO AVE	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	FST	<input type="checkbox"/> DELETE
NAME	JOHNSON, YVONNE	
STREET ADDRESS	1127 FORESTHILL COVE	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JACKSON, SARAH	
STREET ADDRESS	1901 N. 41 ST.	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	CMD	<input type="checkbox"/> DELETE
NAME	MCDONALD, BERTHA	
STREET ADDRESS	2103 JUANITA AVENUE	
CITY-ST-ZIP	FT. PIERCE FL	
TITLE	S	<input type="checkbox"/> DELETE
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	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Cora L. Monroe	
1.3 STREET ADDRESS	3110 Ave R	
1.4 CITY-ST-ZIP	Fort Pierce, FL 34947	
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		

6-4-ab

Bank deposit \$ 70.00

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 19.07(3)(k), 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: *Cora L. Monroe, Director* 4/30/96 407-465-0321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)