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Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 34954-0061 US

3. Date Incorporated or Qualified: 09/02/1975
3a. Date of Last Report: 06/04/1996
4. FEI Number: 59-2736109
5. Certificate of Status Desired: \$8.75 Additional Fees 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

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)

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 (81-85)

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T JESSYE WALKER	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2102 VALENCIA	1.2 NAME	
STREET ADDRESS	FORT PIERCE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	P HAIR, LIZZIE	2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4101 SAN DIEGO AVE	2.2 NAME	MCDONALD, BERTHA
STREET ADDRESS	FT. PIERCE FL	2.3 STREET ADDRESS	2103 Juanita Avenue
CITY-ST-ZIP		2.4 CITY-ST-ZIP	FT. PIERCE FL
TITLE	FST JOHNSON, YVONNE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1127 FORESTHILL COVE	3.2 NAME	
STREET ADDRESS	PORT ST. LUCIE FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	V JACKSON, SARAH	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1901 N. 41 ST.	4.2 NAME	
STREET ADDRESS	FT. PIERCE FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	CMD MCDONALD, BERTHA	5.1 TITLE	cmd <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2103 JUANITA AVENUE	5.2 NAME	Reatha Holmes
STREET ADDRESS	FT. PIERCE FL	5.3 STREET ADDRESS	3708 Ave D
CITY-ST-ZIP		5.4 CITY-ST-ZIP	FT. PIERCE, FL
TITLE	S GEORGE, PORTIA	6.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	707 N. 19TH ST.	6.2 NAME	Zenobia Jefferson
STREET ADDRESS	FT. PIERCE FL	6.3 STREET ADDRESS	2350 Valencia Ave
CITY-ST-ZIP		6.4 CITY-ST-ZIP	FT. PIERCE, FL

14. I do 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 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.

CR2E037 (9/96)