FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

DOCUMENT # **741901** **(3)**

1. Corporate Name

PORT ST. LUCIE EXCHANGE CLUB CHARITIES, INC.

Principal Place of Business	Mailing Address
PO BOX 7341 NA PORT ST LUCIE FL 34985 US	PO BOX 7341 NA PORT ST LUCIE FL 34985 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/07/1978	3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-2393232	☐ 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 paid for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

CARUANA, KATHRYN E.
2405 RIVER HAMMOCK LANE
FT. PIERCE FL 34981

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 _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	11 TITLE	DP	☒ Change ☐ Addition
NAME	ERICKSON, DAVID	12 NAME	DIANE FOLEY	
STREET ADDRESS	362 SE CALMOSE DR	13 STREET ADDRESS	336 SE TRANQUILLA AVE	
CITY ST ZIP	PORT ST LUCIE FL	14 CITY ST ZIP	PORT ST. LUCIE, FL 34983	
TITLE	DV	21 TITLE	DV	☐ Change ☐ Addition
NAME	BLANK, STEVEN	22 NAME	DEWETTA LLOYD	
STREET ADDRESS	1544 SE FLORESTA DR	23 STREET ADDRESS	1107 FLEETWOOD LN	
CITY ST ZIP	PORT ST LUCIE FL	24 CITY ST ZIP	FT. PIERCE, FL. 34982	
TITLE	DT	31 TITLE	DT	☒ Change ☐ Addition
NAME	HESS, PAUL	32 NAME	LANCE KIRKBRIDE	
STREET ADDRESS	617 NE HORIZON LANE	33 STREET ADDRESS	642 SE STREAMLET AVE	
CITY ST ZIP	PT ST. LUCIE FL	34 CITY ST ZIP	PORT ST. LUCIE, FL 34983	
TITLE	DP	41 TITLE	DS	☒ Change ☐ Addition
NAME	HARTLEY, CHRISTANN	42 NAME	SHERRI DELUDDS	
STREET ADDRESS	269 SW STARFLOWER AVE	43 STREET ADDRESS	2313 SE TILTON RD.	
CITY ST ZIP	PORT ST LUCIE FL	44 CITY ST ZIP	PORT ST. LUCIE, FL 34952	
TITLE	DP	51 TITLE	D	☒ Change ☐ Addition
NAME	HANAWALT, SCOTT	52 NAME	BLANK, STEVEN	
STREET ADDRESS	149 N. CAPRONA	53 STREET ADDRESS	1544 SE FLORESTA DR	
CITY ST ZIP	PT. ST. LUCIE FL	54 CITY ST ZIP	PORT ST. LUCIE, FL 34983	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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 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.

SIGNATURE: M. Paul Hess M. PAUL HESS 5-1-95 (407)464-6287
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0070330