

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

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State TALLAHASSEE, FLORIDA 32399-0001
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DOCUMENT # 741901 (3)
1. Corporation Name
PORT ST. LUCIE EXCHANGE CLUB CHARITIES, INC.

Principal Place of Business PO BOX 7341 NA PORT ST LUCIE FL 34905 US	Mailing Address PO BOX 7341 NA PORT ST LUCIE FL 34905 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☒ No	

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 85 Zip Code FL

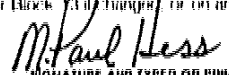
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature of the person named as registered agent and the Registered Agent)
_____ (Signature of Registered Agent representing the corporation)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DS ERICKSON, DAVID 362 SE CALMOSE DR PORT ST LUCIE FL
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DV BLANK, STEVEN 1544 SE FLORESTA DR PORT ST LUCIE FL
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DT HESS, PAUL 617 NE HORIZON LANE PT ST. LUCIE FL
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DP HARTLEY, CHRISTANN 269 SW STARFLOWER AVE PORT ST LUCIE FL
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DP HANAWALT, SCOTT 149 N. CAPRONA PT. ST. LUCIE FL
TITLE NAME STREET ADDRESS CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY, ST, ZIP	DP DIANE FOLEY 336 SE TRANQUILLA AVE PORT ST. LUCIE, FL 34983 ☒ Change ☐ Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY, ST, ZIP	DV DEWETTA LLOYD 1107 FLEETWOOD LN FT. PIERCE, FL. 34982 ☐ Change ☐ Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY, ST, ZIP	DT LANCE KIRKBRIDE 642 SE STREAMLET AVE PORT ST. LUCIE, FL 34983 ☒ Change ☐ Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY, ST, ZIP	DS SHERRI DELUDDO 2313 SE TILTON RD. PORT ST. LUCIE, FL 34952 ☒ Change ☐ Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY, ST, ZIP	D BLANK, STEVEN 1544 SE FLORESTA DR PORT ST. LUCIE, FL 34983 ☒ Change ☐ Addition
61 TITLE 62 NAME 63 STREET ADDRESS 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)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it 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 of this change, or on an attachment with an address.

SIGNATURE:  **M. PAUL HESS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-1-95
C407X8946287
Exempt Fee \$0.00