FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 741901

(3)

PORT ST. LUCIE EXCHANGE CLUB CHARITIES, INC.

									AN DIRK NOV
Principal Place of Business Mailing Address]	AL AIRLI BASIA		ANT WITH INDI
PO BOX 7341 PORT ST LUCI US		PO BOX 7341 NA PORT ST LUCIE FL 34985 US							
03		03				3. Date Incorporated or Qualified 03/07/1978		e of Last R 12/19/19	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number 59-2393232	L	Ar	oplied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			Certificate of Status Desired	Desired S8.75 Additional Fee Regulred			
City & State	8	City & State				6. Election Campaign Financing		\$5.00	
23		28				Trust Fund Contribution		Added	
Zıp	Country	Zip	—			8. This corporation has liability for intangible tax under s. 199.032,			
24	25 9. Name and Address of Curre	29	30					No	
	9. Name and Address of Curre	nt negistered Agent		B1	Name	10. Name and Address of New Reg	istered A	gent	
FOLEY,	NAME		L		1101110				
	TRANQUILLA AVE.		82 Str			ess (P.O. Box Number is Not Acceptable	e)		
	T. LUCIE FL 34983		;	B3					
			ļ.,	84	Oit.		-	Tool at	
					City	,	FL		Code
i nuce or r	to the provisions of Sections 617.05(egistered agent, or both, in the State m familiar with, and accept the oblig	ant Fintina Stich channo was a	uithorizad	711	the corporation	oration submits this statement for the pu on's board of directors. I hereby accep	rpose of o	changing it intment as	s registered registered
	Signature, typed or printed name of registered ag-			Ager	nt signatura requira		DATE		
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DV WALTED	☐ DELETE	1.1 TITI				Ļ	Change	Addition
NAME	DEEMR, WALTER 151 NE NARANJA AVE.		1.2 NAI						
STREET ADDRESS CITY-ST-ZIP	PORT ST LUCIE FL 34983				ADDRESS				
TIFLE	DP			_	T-ZIP			Change	Addition
NAME	LLOYD, DEWETTA			2.2 NAME				and overige	
STREET ADDRESS	1107 FLEETWOOD LN			2.3 STREET ADDRESS		:			
CITY - \$1 - ZIP	FT PIERCE FL 34982	T DIFFOR PLATON		2.4 CITY-ST-ZIP					
TITLE	DT	☐ DELETE	3.1 TITLE					Change	Addition
NAME	HESS, PAUL		3.2 NAME						
STREET ADDRESS	617 NE HORIZON LANE		3.3 \$TREE		ADDRESS				
CITY - ST - ZIP	PT ST. LUCIE FL 34983		3.4. CITY		T-ZIP				
TITLE	D\$	☐ DELETE	4.1 TITLE				Ļ	Change	Addition
NAME STOCET APPRICACE	JOHNSON, DEBORAH		4. 2 NA						
STREET ADDRESS	1945 S.W. MACEDO BLVD. PORT ST. LUCIE FL 34984				ADORESS				
CHTY-ST-ZIP TITLE	D	☐ DELETE	4.4 CIT 5.1 TITL		I-ZIP			Change	Addition
NAME	BLANK, STEVEN		5.2 NAN					- viscilla	الريانين الي
STREET ADDRESS	1544 SE FLORESTA DR				ADDRESS				
CITY-ST-7IP	PT. ST. LUCIE FL 34983	OT 1110/2 EL 04000		5.3 STREET ADDRESS 5.4 CITY-ST-ZIP					
TITLE		DELETE	6.1 TITL			Hit	T	Change	Addition
NAME		_	6.2 NAM				-		
STREET ADDRESS			1		ADDRESS				
CITY-ST-7IP			64 CiT		1				

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 in an attachment with an address. ab (enb. F) SIGNATURE: __

(561)878-2663 2/17/97

FILED

Feb 28 1997 8:00am

Secretary of State

#80/IR | 0011 0188 1488 #884 0018 180 400 010 H 010H 010H 010H 010H