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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 741901					
1. Corporation Name PORT ST. LUCIE EXCHANGE CLUB CHARITIES, INC.					
Principal Place of Business PO BOX 7341 NA PORT ST LUCIE FL 34985 US			Mailing Address PO BOX 7341 NA PORT ST LUCIE FL 34985 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/07/1978	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2393232	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HESS, PAUL M 617 N.E. HORIZON LANE PORT ST. LUCIE FL 34983				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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		Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS							
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE				1.1 TITLE			
NAME				1.2 NAME			
STREET ADDRESS				1.3 STREET ADDRESS			
CITY-ST-ZIP				1.4 CITY-ST-ZIP			
2. TITLE				2.1 TITLE			
3. NAME				2.2 NAME			
4. STREET ADDRESS				2.3 STREET ADDRESS			
5. CITY-ST-ZIP				2.4 CITY-ST-ZIP			
6. TITLE				3.1 TITLE			
7. NAME				3.2 NAME			
8. STREET ADDRESS				3.3 STREET ADDRESS			
9. CITY-ST-ZIP				3.4 CITY-ST-ZIP			
10. TITLE				4.1 TITLE			
11. NAME				4.2 NAME			
12. STREET ADDRESS				4.3 STREET ADDRESS			
13. CITY-ST-ZIP				4.4 CITY-ST-ZIP			
14. TITLE				5.1 TITLE			
15. NAME				5.2 NAME			
16. STREET ADDRESS				5.3 STREET ADDRESS			
17. CITY-ST-ZIP				5.4 CITY-ST-ZIP			
18. TITLE				6.1 TITLE			
19. NAME				6.2 NAME			
20. STREET ADDRESS				6.3 STREET ADDRESS			
21. CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I 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, with all other like empowered.

SIGNATURE: *M. Paul Hess* SIGNATURE REQUIRED: *PAUL HESS* Date: *2/20/99* Daytime Phone #: *561-878-2663*

CR2E037 (11/98)