

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 748112 (0)**

1. Corporation Name

**PORT ST. LUCIE ATHLETIC ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

**113 SW EYERLY AV.  
P.O. BOX 8066  
PORT ST. LUCIE FL 34985**

**113 SW EYERLY AV.  
P.O. BOX 8066  
PORT ST. LUCIE FL 34985**

3. Date Incorporated or Qualified  
**07/18/1979**

3a. Date of Last Report  
**04/28/1995**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.

**26** Suite, Apt. #, etc.

**22** City & State

**27** City & State

**23** Zip

**25** Country

**28** Zip

**30** Country

4. FEI Number  
**59-2462937**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HUDMAN, DEWEY W.  
113 SW EYERLY AV.  
PORT ST. LUCIE FL 34983**

**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 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**

TITLE **D** ☐ DELETE  
NAME **BOHAM, RUSS**  
STREET ADDRESS **601 SE NEWHALL LN**  
CITY-ST-ZIP **PT ST. LUCIE FL**

TITLE **VD** ☐ DELETE  
NAME **FARRELL, DOUG**  
STREET ADDRESS **2049 SW DRIFTWOOD ST**  
CITY-ST-ZIP **PT ST LUCIE FL**

TITLE **TD** ☐ DELETE  
NAME **HUDMAN, DEWEY**  
STREET ADDRESS **113 S.W. EYERLY AVENUE**  
CITY-ST-ZIP **PORT ST. LUCIE FL**

TITLE **PD** ☐ DELETE  
NAME **WEISS, MIKE**  
STREET ADDRESS **515 NW MARION AVE**  
CITY-ST-ZIP **PT ST LUCIE FL**

TITLE **SD** ☒ DELETE  
NAME **HARRELL, SUSAN**  
STREET ADDRESS **3113 SW WATSON CT**  
CITY-ST-ZIP **PORT ST. LUCIE FL**

TITLE **D** ☐ DELETE  
NAME **WALLACE, RAEANN**  
STREET ADDRESS **399 NE GRAN DEUR AVE**  
CITY-ST-ZIP **PORT ST. LUCIE FL**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME **SEC/DIR**  
5.3 STREET ADDRESS **B.J. FARRELL**  
5.4 CITY-ST-ZIP **2049 SW DRIFTWOOD ST  
PORT ST LUCIE FL 34953**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
**900001872519**  
**-06/24/96--01020--035**  
**\*\*\*61.25**

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)(k), 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: Dewey W. Hudman DEWEY W HUDMAN

4/13/96

407-878-0921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)