FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N24369 (3)

1. Corporation Name
ST. LUCIE SHORES WOMAN'S CLUB INC.

Principal Place of Business	Mailing Address
P.O. BOX 7783 PORT ST. LUCIE FL 34985-7783 US	P.O. BOX 7783 PORT ST. LUCIE FL 34985-7783 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/14/1988
3a. Date of Last Report: 04/12/1994
4. FEI Number: NOT APPLICABLE ☐ 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

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 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

STAAB, LORETTA
8228 CINNAMON LANE
PORT ST LUCIE FL 34952

10. Name and Address of New Registered Agent

31 Name: Jones, Patricia
32 Street Address (P.O. Box Number is Not Acceptable): 945 SE Bayfront Ave.
33
34 City: Port St. Lucie FL 35 Zip Code: 34983

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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: Patricia H. Jones 4/13/95
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	PD	1.1 TITLE	D	☒ Change ☐ Addition
NAME	STAAB, LORETTA	1.2 NAME	Jones, Patricia	
STREET ADDRESS	8228 CINNAMON LANE	1.3 STREET ADDRESS	945 SE Bayfront Ave.	
CITY-ST-ZIP	PORT ST LUCIE FL	1.4 CITY-ST-ZIP	Port St. Lucie, Fl. 34983	
TITLE	VD	2.1 TITLE	T	☒ Change ☐ Addition
NAME	MCDONNOLD, EMILY	2.2 NAME	Myers, Mary	
STREET ADDRESS	1250 B NW SUN TERRACE CIR	2.3 STREET ADDRESS	2980 Jeronimo Rd.	
CITY-ST-ZIP	PORT ST LUCIE FL	2.4 CITY-ST-ZIP	Port St. Lucie, Fl. 34952	
TITLE	VD	3.1 TITLE	Trd	☒ Change ☐ Addition
NAME	CONBOY, RONNIE	3.2 NAME	Schulte, Mary Helen	
STREET ADDRESS	1182 MENDOZA AVE	3.3 STREET ADDRESS	801 SE Chaloupe Ave.	
CITY-ST-ZIP	PORT ST LUCIE FL	3.4 CITY-ST-ZIP	Port St. Lucie, Fl. 34983	
TITLE	TD	4.1 TITLE	T	☐ Change ☐ Addition
NAME	KRAVETZ, BELLE	4.2 NAME	same	
STREET ADDRESS	3074 BAKERFIELD RD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	PORT ST. LUCIE FL	4.4 CITY-ST-ZIP		
TITLE	SD	5.1 TITLE	T	☒ Change ☐ Addition
NAME	KELSO, DORIS	5.2 NAME	Nutt, Dorothy	
STREET ADDRESS	1579 SE SUNSHINE AVE	5.3 STREET ADDRESS	460 SE Seabreeze Lane	
CITY-ST-ZIP	PORT ST. LUCIE FL	5.4 CITY-ST-ZIP	Port St. Lucie, Fl. 34983	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 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: Belle Kravetz Belle Kravetz 4/13/95 (407) 335-9028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0070342