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May 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N39948** (7)

1. Corporation Name

THE TRI-COUNTY TEC FOUNDATION, INC.

Principal Place of Business

Mailing Address

**POST OFFICE BOX 597
STUART FL 34995**

**POST OFFICE BOX 597
STUART FL 34995-0597**



3. Date Incorporated or Qualified
09/10/1990

3a. Date of Last Report
04/29/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip Country

Zip Country

24

25

29

30

4. FEI Number
65-0264765

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

**FOX, M. LANNING
1100 SO. FEDERAL HWY.
STUART FL 34994**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **TD** ☒ DELETE
NAME **KLOHS, SHERRY**
STREET ADDRESS **US HIGHWAY #1 & COLORADO AVE.**
CITY-ST-ZIP **STUART FL**

1.1 TITLE **TD** ☐ Change ☒ Addition
1.2 NAME **Michael Mc Nicholas**
1.3 STREET ADDRESS **900 S. Federal Hwy - 1st floor**
1.4 CITY-ST-ZIP **Stuart, FL 34994**

TITLE **SD** ☒ DELETE
NAME **BUCKRIDGE, MARY K**
STREET ADDRESS **6719 SE SOUTH MARINA WAY**
CITY-ST-ZIP **STUART FL**

2.1 TITLE **SD** ☐ Change ☒ Addition
2.2 NAME **Connie Justi**
2.3 STREET ADDRESS **2400 S. Federal Hwy**
2.4 CITY-ST-ZIP **Stuart, FL 34994**

TITLE **CD** ☒ DELETE
NAME **MEHLICH, GERALD**
STREET ADDRESS **701 COLORADO AVE.**
CITY-ST-ZIP **STUART FL**

3.1 TITLE **CD** ☐ Change ☒ Addition
3.2 NAME **Mark Robitaille**
3.3 STREET ADDRESS **300 Hospital Ave.**
3.4 CITY-ST-ZIP **Stuart, FL 34994**

TITLE **TD** ☒ DELETE
NAME **MEHLICH, GERALD**
STREET ADDRESS **701 COLORADO AVE**
CITY-ST-ZIP **STUART FL**

4.1 TITLE **VD** ☐ Change ☒ Addition
4.2 NAME **James Sopko**
4.3 STREET ADDRESS **2307 S.E. Monterey Road**
4.4 CITY-ST-ZIP **Stuart, FL 34994**

TITLE **P** ☐ DELETE
NAME **HUTCHESON, SUZANNE**
STREET ADDRESS **1650 S. KANNER HWY**
CITY-ST-ZIP **STUART FL**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 on an attachment with an address.

CR2E037 (9/96)