FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

(5)

	MENT # N4425						
THE H	iundred club of St. Ll	ICIE COUNTY, INC.					
Principal Place	e of Business	Mailing Address	······································	·······························		FRAC MINDI MINDI WINSI M	INTERNATION
2211 OKEECHOBEE ROAD 2211 OKEECHOBEE ROAD FT PIERCE FL 34950-6552 FT PIERCE FL 34950-6552							
					3. Date Incorporated or Qualified 06/28/1991	3a. Date of La 02/27	st Report //1996
2. Principal Pi	2. Principal Place of Business 2a. Mailing Address 26				4. FEI Number 65-0509672		Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		5 Additional
22 27				· · · · · · · · · · · · · · · · · · ·	Fe	e Required	
23 City & State	City & State City & State				6. Election Campaign Financing Trust Fund Contribution		00 May Be
Zip	Country	Zip	Country		8. This corporation has liability for Intangible tax under s. 199.032,		
24	9. Name and Address of Curre	nt Registered Agent	30		Florida Statutes 10. Name and Address of New Rec		
	S. Hall allo Radioss of Colle	in riegistored Agent	81	Name	10. Hittin mile Paratone C. Have the		
SMITH, VERNON				Street Andr	ess (P.O. Box Number is Not Acceptable	le)	
2211 OKEECHOBEE RD							
ft Pier	ICE FL 34950-6552		63				
			84	City		FL 85	Zip Code
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Statu	tes, the above-	named corp	poration submits this statement for the price board of directors. I hereby accept	urpose of changi	ng its registered
agent. I a	m familiar with, and accept the oblig	gations of, Section 617.0503, F	lorida Statutes.	no corporar	ion's board of directors. I hereby accep	t the appointmen	it da rogistored
SIGNATURE .	Stonature, typed or printed name of registered ag	ent and title if applicable (NC	TE: Registered Agent	signature requi	rad when reinstating)	DATE	·····
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIREC	TORS IN 12
TITLE	DVP	☐ DELETE	1.1 TITLE			☐ Cha	nge 🛄 Addition
NAME	BLUESTONE, ROBERT W.		1.2 NAME				
STREET ADDRESS	100 S. 2ND STREET		1.3 STREET A		•	% 	i
CITY-ST-ZIP TITLE	FT. PIERCE FL DT	DELETE	1.4 CITY-ST- 2.1 TITLE	ZIP		☐ Cha	nge Addition
NAME	ALLEY, PATRICIA		2.2 NAME			_	• –
STREET ADDRESS	2211 OKEECHOBEE ROAD		2.3 STREET A	DDRESS			
CHTY-ST-ZIP	FT. PIERCE FL		2. 4 CITY-ST	- ZIP			
TITLE	D	☐ DELETE	3.1 TITLE			☐ Cha	nge 🔲 Addition
NAME	D: 41, 4 4 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1		3.2 NAME		•		
STREET ADDRESS	500 BOSTON AVE		3.3 STREET A				
CITY-ST-ZIP	FT PIERCE FL	T Driege	3.4, CITY-ST	- ZIP		☐ Cha	nge 🔲 Addition
TITLE	DP LANE	DELETE	4.1 TITLE 4. 2 NAME		.45		uðs ⊟ vaarton
NAME STREET ADDRESS	ROWLEY, JANE 8019 S. FEDERAL HWY		4. 2 NAME 4.3 STREET A	UUDEGG			
CITY-ST-ZIP	PORT ST. LUCIE FL		4.4 CITY-ST-			70	
TITLE	D	DELETE	5.1 TITLE			Cha	nge Addition
NAME	FOWLER, MICHAEL D.		5.2 NAME				
STREET ADDRESS :	300 S. 6TH STREET		5.3 STREET A	Doress		•	
CITY-ST-ZIP	FT. PIERCE FL		5.4 CITY-ST-	ZIP		<u></u>	
TITLE	D	☐ DELETE	6.1 TITLE			☐ Cha	nge 🔲 Addition
NAME	KNOWLES, C.		6.2 NAME	1			
	131 S 2ND ST		0.2 10 4112	l			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 3 if changed, or on an attachment with an address. SIGNATUR

FILED

Mar 03 1997 8:00am

Secretary of State