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FILED

Feb 13 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **N93000002489 (3)**

1. Corporation Name  
**PORT ST. LUCIE HIGH SCHOOL STADIUM FINANCE CORPO  
RATION**



Principal Place of Business  
**1595 SE PORT ST LUCIE BLVD  
PORT ST LUCIE FL 34952**

Mailing Address  
**1595 SE PORT ST LUCIE BLVD  
PORT ST LUCIE FL 34952**

3. Date Incorporated or Qualified

**06/01/1993**

4. FEI Number

**59-6000832**

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FARRELL, RICKEY L  
1595 SE PORT ST LUCIE BLVD  
PORT ST LUCIE FL 34952**

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  DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition

TITLE **PD**  
NAME **FARRELL, RICKEY L.**  
STREET ADDRESS **1595 S.E. PORT ST. LUCIE BLVD.**  
CITY - ST - ZIP **PORT ST. LUCIE FL**

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

TITLE **SD**  
NAME **CUOMO, CHARLES**  
STREET ADDRESS **1595 S.E. PORT ST. LUCIE BLVD.**  
CITY - ST - ZIP **PORT ST. LUCIE FL**

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

TITLE **TD**  
NAME **MASCIOLI, I.A.**  
STREET ADDRESS **1595 S.E. PORT ST. LUCIE BLVD.**  
CITY - ST - ZIP **PORT ST. LUCIE FL**

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

TITLE  DELETE

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

TITLE  DELETE

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

TITLE  DELETE

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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

SIGNATURE

*[Handwritten Signature]*

*1/7/98*

*561-335-5455*

CR2E037 (10/97)