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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 1:26

DOCUMENT # N93000002675 (7)

1. Corporation Name
ST. LUCIE SPORTS CLUB, INC.

Principal Place of Business	Mailing Address
3204 ORANGE AVENUE FORT PIERCE FL 34950	3204 ORANGE AVENUE FORT PIERCE FL 34950

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/10/1993
3a. Date of Last Report: 05/20/1994
4. FEI Number: 65-0421807 ☐ 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 1700 N. 37th Street	26 1700 N. 37th Street
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Fort. Pierce , Fla 34947	28 City & State: Fort Pierce, Fla 34947
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

WILSON, GEORGE
1708 NORTH 19TH STREET
FORT PIERCE FL 34950

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☒ Addition T/D
NAME	WILSON, GEORGE	1.2 NAME	Horace A. Cardoza
STREET ADDRESS	1708 NORTH 19TH STREET	1.3 STREET ADDRESS	1705 S.E. Aires Lane, P.S.L, Fl 34984
CITY-ST-ZIP	FORT PIERCE FL 34950	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☒ Addition D
NAME	MORRISON, RALPH	2.2 NAME	Cephaus Cruckshank
STREET ADDRESS	1700 N 13TH ST	2.3 STREET ADDRESS	525 Douglas Court, Ft. Pierce Fl 34947
CITY-ST-ZIP	FORT PIERCE FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☒ Addition V
NAME	MCKNIGHT, MICHAEL	3.2 NAME	Wesley J. Parry.
STREET ADDRESS	1114 S W HOGAN STREET	3.3 STREET ADDRESS	1802 S.W.Janette Ave, P.S.L, Fl 34985
CITY-ST-ZIP	PORT ST LUCIE FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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 exemptions 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: Michael McKnight 2-7-95 (407) 287-3009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000850