

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000002675 (7)

1. Corporation Name

ST. LUCIE SPORTS CLUB, INC.



Principal Place of Business

1700 N 37TH STREET
FORT PIERCE FL 34947
US

Mailing Address

1700 N 37TH STREET
FORT PIERCE FL 34947
US

3. Date Incorporated or Qualified

06/10/1993

3a. Date of Last Report

02/13/1995

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

65-0421807

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

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

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 D ☐ DELETE
NAME WILSON, GEORGE
STREET ADDRESS 1708 NORTH 19TH STREET
CITY-ST-ZIP FORT PIERCE FL 34950

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MORRISON, RALPH
STREET ADDRESS 1700 N 13TH ST
CITY-ST-ZIP FORT PIERCE FL

21 TITLE P/D ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME MCKNIGHT, MICHAEL
STREET ADDRESS 1114 S W HOGAN STREET
CITY-ST-ZIP PORT ST LUCIE FL

31 TITLE S/D ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS 781 S.W. Curry Street, Port St. Lucie
34 CITY-ST-ZIP FL 34983

TITLE TD ☐ DELETE
NAME CARDOZA, HORACE A
STREET ADDRESS 1705 S E AIRES LANE
CITY-ST-ZIP P S L FL

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME CRUCKSHANK, CEPHAUS
STREET ADDRESS 525 DOUGLAS COURT
CITY-ST-ZIP FT PIERCE FL

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE V ☐ DELETE
NAME PARRY, WESLEY J
STREET ADDRESS 1802 S W JANETTE AVE
CITY-ST-ZIP P S L FL

61 TITLE V/D ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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)(k), 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:

Ralph Morrison, Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RALPH MORRISON, SR

FEB 10 1996

(888) 466-1424

CR2E037 (12/95)