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

APPROVED AND FILED
1995 MAY -1 PM 6:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001410 (9)

1. Corporation Name
EAST STUART COMMUNITY COALITION, INC.

Principal Place of Business	Mailing Address
800 BAHAMA AVE. STUART FL 34994	800 BAHAMA AVE. STUART FL 34994

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/18/1994
3a. Date of Last Report:
4. FEI Number: 65-0525898 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26: P.O. Box 643
Suite, Apt. #, etc. — 27:
City & State — 28: Stuart Fl
Zip — 29: 34994 Country — 30: Martin

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 PENDING ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JACKSON, RALEIGH L
704 E. LAKE ST.
STUART FL 34994

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 P	D	11 TITLE	☐ Change ☐ Addition
NAME	JACKSON, RALEIGH L	12 NAME	
STREET ADDRESS	704 E. LAKE ST.	13 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34994	14 CITY-ST-ZIP	
TITLE VP	D	21 TITLE	☐ Change ☐ Addition
NAME	CLARK, PEARLIE	22 NAME	
STREET ADDRESS	P.O. BOX 471 N/A	23 STREET ADDRESS	200001492222
CITY-ST-ZIP	STUART FL 34994	24 CITY-ST-ZIP	-05/17/95--01166--007
TITLE S	D	31 TITLE	*****61.25 ☒ Change ☐ Addition *****61.25
NAME	AUSBY, ROSA	32 NAME	
STREET ADDRESS	904 E. LAKE ST.	33 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34994	34 CITY-ST-ZIP	
TITLE T	D	41 TITLE	☐ Change ☐ Addition
NAME	GIPSON, MILDRED D	42 NAME	
STREET ADDRESS	913 E. LAKE ST.	43 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34994	44 CITY-ST-ZIP	
TITLE M	D	51 TITLE	☐ Change ☐ Addition
NAME	GRANT, LORENE P	52 NAME	
STREET ADDRESS	1608 ARAPAHO AVE.	53 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34994	54 CITY-ST-ZIP	
TITLE C	D	61 TITLE	☐ Change ☐ Addition
NAME Program	KEMP, STAN	62 NAME	GMB
STREET ADDRESS	800 BAHAMA AVE.	63 STREET ADDRESS	5-1-95
CITY-ST-ZIP	STUART FL 34994	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)(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: Mildred C. Gipson 4/27/95 407-287-2945
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000097