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FILED

May 13 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # N94000001410 (9)**

1. Corporation Name

**EAST STUART COMMUNITY COALITION, INC.**

Principal Place of Business

Mailing Address

**800 BAHAMA AVE.  
STUART FL 34994****P.O. BOX 643  
STUART FL 34995-0643  
US**3. Date Incorporated or Qualified  
**03/18/1994**3a. Date of Last Report  
**02/22/1996**

2. Principal Place of Business

2a. Mailing Address

**21****26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22****27**

City &amp; State

City &amp; State

**23****28**

Zip

Country

Zip

Country

**24****25****29****30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JACKSON, RALEIGH L  
704 E. LAKE ST.  
STUART FL 34994****81** Name**CLARK, PEARLIE B****82** Street Address (P.O. Box Number is Not Acceptable)**4505 S.E. NIMROD LANE****83****84** City**STUART****FL****85** Zip Code  
**34996**

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

*Pearlie B. Clark***PEARLIE B. CLARK****MAY 01, 1997**

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	PD	<input type="checkbox"/> DELETE
NAME	JACKSON, RALEIGH L	
STREET ADDRESS	704 E. LAKE ST.	
CITY - ST - ZIP	STUART FL 34994	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CLARK, PEARLIE B	
1.3 STREET ADDRESS	4505 S.E. NIMROD LANE	
1.4 CITY - ST - ZIP	STUART FL 34996	

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CLARK, PEARLIE	
STREET ADDRESS	P.O. BOX 471 N/A	
CITY - ST - ZIP	STUART FL 34994	

2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MCHARDY, SAM	
2.3 STREET ADDRESS	829 NASSAU AVE.	
2.4 CITY - ST - ZIP	STUART, FL 34994	

TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	AUSBY, ROSA	
STREET ADDRESS	904 E. LAKE ST.	
CITY - ST - ZIP	STUART FL 34994	

3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JACKSON, RALEIGH L	
3.3 STREET ADDRESS	704 E. LAKE ST.	
3.4 CITY - ST - ZIP	STUART FL 34994	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GIPSON, MILDRED D	
STREET ADDRESS	913 E. LAKE ST.	
CITY - ST - ZIP	STUART FL 34994	

4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KEMP, STAN	
4.3 STREET ADDRESS	800 BAHAMA AVE.	
4.4 CITY - ST - ZIP	STUART FL 34994	

TITLE	MD	<input type="checkbox"/> DELETE
NAME	GRANT, LORENE P	
STREET ADDRESS	1608 ARAPAHO AVE.	
CITY - ST - ZIP	STUART FL 34994	

5.1 TITLE	MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	GIPSON, MILDRED D	
5.3 STREET ADDRESS	913 E. LAKE ST.	
5.4 CITY - ST - ZIP	STUART, FL 34994	

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	KEMP, STAN	
STREET ADDRESS	800 BAHAMA AVE.	
CITY - ST - ZIP	STUART FL 34994	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 13 if changed, or on an attachment with an address.

SIGNATURE: *Pearlie B. Clark* **PEARLIE B. CLARK**

561-283-4813/561-467-4176

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone # 07/19/97

CR2E037 (9/96)