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
95 APR 24 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000002739 (0)

1. Corporation Name

ST. LUCIE COUNTY CHAMBER OF COMMERCE FOUNDATION, INC.

Principal Place of Business	Mailing Address
2200 VIRGINIA AVENUE FORT PIERCE FL 34982	2200 VIRGINIA AVENUE FORT PIERCE FL 34982

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/11/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3120098 ☐ 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	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

HARGRAVE, LES
1626 SE PORT ST LUCIE BLVD
PORT ST LUCIE FL 34979

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 ________

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	TITLE	PD ☒ Change ☐ Addition
NAME	CRAHAN, JACK	NAME	Minton, Michael
STREET ADDRESS	2000 SE PORT ST LUCIE BLVD	STREET ADDRESS	1903 South 25th St., Suite 200
CITY ST ZIP	PORT ST LUCIE FL	CITY ST ZIP	Ft. Pierce, Fl.
TITLE	V	TITLE	VD ☐ Change ☒ Addition
NAME	MICHAEL, MINTON	NAME	James Terpening
STREET ADDRESS	1903 S 25TH STREET, SUITE 200	STREET ADDRESS	P.O. Box 13360
CITY ST ZIP	FT PIERCE FL	CITY ST ZIP	Ft. Pierce, Fl.
TITLE	T	TITLE	TD ☒ Change ☐ Addition
NAME	ROBERTS, HAL	NAME	Gary Roberts
STREET ADDRESS	10571 S US #1	STREET ADDRESS	11201 West Midway Rd.
CITY ST ZIP	PORT ST LUCIE FL	CITY ST ZIP	Ft. Pierce, Fl.
TITLE	S	TITLE	SD ☒ Change ☐ Addition
NAME	HARGRAVE, LES	NAME	Les Hargrave
STREET ADDRESS	1626 SE PORT ST LUCIE BLVD	STREET ADDRESS	2200 Virginia Ave.
CITY ST ZIP	PORT ST LUCIE FL	CITY ST ZIP	Ft. Pierce, Fl.
TITLE	V	TITLE	V ☐ Change ☒ Addition
NAME	ROBERTS, GARY	NAME	Allen Osteen
STREET ADDRESS	11201 W MIDWAY ROAD	STREET ADDRESS	308 Avenue A
CITY ST ZIP	FT PIERCE FL	CITY ST ZIP	Ft. Pierce, Fl.
TITLE	V	TITLE	V ☐ Change ☒ Addition
NAME	FULLER, DAN	NAME	Marty Sanders
STREET ADDRESS	328 S 2ND ST	STREET ADDRESS	2222Colonial Rd.
CITY ST ZIP	FT PIERCE FL	CITY ST ZIP	Ft. Pierce, Fl.

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: ________ 4/12/95 407 695-9999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Les Hargrave, Secretary

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