# 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 # **N94000002739 (0)**

1. Corporation Name

**ST. LUCIE COUNTY CHAMBER OF COMMERCE FOUNDATION, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 2200 VIRGINIA AVENUE<br>FORT PIERCE FL 34982 | 2200 VIRGINIA AVENUE<br>FORT PIERCE FL 34982 |

3. Date Incorporated or Qualified: **02/11/1991**

3a. Date of Last Report: **04/24/1995**

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

**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 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 _____ 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 | PD | ☐ DELETE | 1.1 TITLE | PD | ☐ Change ☐ Addition |
| NAME | MINTON, MICHAEL | | 1.2 NAME | Terpening, James | |
| STREET ADDRESS | 1903 SOUTH 25TH ST. SUITE 200 | | 1.3 STREET ADDRESS | 2980 South 25th Street | |
| CITY-ST-ZIP | FT. PIERCE FL | | 1.4 CITY-ST-ZIP | Fort Pierce, FL 34982 | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | TD | ☐ Change ☐ Addition |
| NAME | TERPENING, JAMES | | 2.2 NAME | Roberts, Gary | |
| STREET ADDRESS | P.O. BOX 13360 NA | | 2.3 STREET ADDRESS | 11201 West Midway Road | |
| CITY-ST-ZIP | FT PIERCE FL | | 2.4 CITY-ST-ZIP | Fort Pierce, FL 34954 | |
| TITLE | TD | ☐ DELETE | 3.1 TITLE | SD | ☐ Change ☐ Addition |
| NAME | ROBERTS, GARY | | 3.2 NAME | Fines, Susan | |
| STREET ADDRESS | 11201 WEST MIDWAY ROAD | | 3.3 STREET ADDRESS | 1250 SE Port St. Lucie Blvd. | |
| CITY-ST-ZIP | FT. PIERCE FL | | 3.4 CITY-ST-ZIP | Port St. Lucie, Fl 34952 | |
| TITLE | S | ☐ DELETE | 4.1 TITLE | SD | ☐ Change ☐ Addition |
| NAME | HARGRAVE, LES | | 4.2 NAME | Hargrave, Les | |
| STREET ADDRESS | 2200 VIRGINIA AVENUE | | 4.3 STREET ADDRESS | 2200 Virginia Ave. | |
| CITY-ST-ZIP | FORT PIERCE FL 34982 | | 4.4 CITY-ST-ZIP | Ft. Pierce, FL 34982 | |
| TITLE | VD | ☐ DELETE | 5.1 TITLE | DV | ☐ Change ☐ Addition |
| NAME | OSTEEN, ALLEN | | 5.2 NAME | Klein, Robert | |
| STREET ADDRESS | 308 AVENUE A | | 5.3 STREET ADDRESS | 1903 South 25th Street | |
| CITY-ST-ZIP | FT PIERCE FL | | 5.4 CITY-ST-ZIP | Fort Pierce, FL 34947 | |
| TITLE | V | ☐ DELETE | 6.1 TITLE | DV | ☐ Change ☐ Addition |
| NAME | SANDERS, MARTY | | 6.2 NAME | Roberts, Hal | |
| STREET ADDRESS | 2222 COLONIAL ROAD | | 6.3 STREET ADDRESS | 10570 South US #1 | |
| CITY-ST-ZIP | FORT PIERCE FL 34982 | | 6.4 CITY-ST-ZIP | Port St. Lucie, FL 34952 | |

CR2E037 (12/95)

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:** _____ 3-27-96 407-595-9999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #