## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT #

N9400002739 (0)

## FILED Mar 31 1998 8:00am Secretary of State

ST. LUCIE COUNTY CHAMBER OF COMMERCE FOUNDATION, INC.				
Principal Place of Business Mailing Address				T ABONIOL DIO TOTA ODRI DONI DONI DONI DONI BOLIT TECH IRAN ITAL HADE
2200 VIRGINIA AVENUE 2200 VIRGINIA AVENUE FORT PIERCE FL 34982 FORT PIERCE FL 34982				3. Date Incorporated or Qualified  02/11/1991  4. FEI Number  Applied For
				4. FEI Number Applied For Not Applicable
2. Principal P	lace of Business	2a. Mailing Address 26		5. Certificate of Status Desired \$8.75 Additional Fee Regulred
Suite, Apt. #, etc. Suite, Apt. #, etc.				6. Election Campaign Financing \$5.00 May Be
22 27 City & State City & State				Trust Fund Contribution Added to Fees
23	•	28		7. Is this nonprofit corporation a homeowners association?
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible
24	25   9. Name and Address of Currer		90]	Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
			81 Nar	70
HARGRA	IVE, LES		82 Stre	Allan Rivett  pet Address (P.O. Box Number is Not Acceptable)
1626 SE PORT ST LUCIE BLVD			92 5116	2200 Virginia Ave.
	T LUCIE FL 34979		83	
			84 City	Ft. Pierce FL 85 Zip Code 34982
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				
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 (1912 - 3/30/97)				
12.	Signature, typnid or printed name of registered age	ont and tille if aphioable. (NOTE: D DIRECTORS	Registered Agent signs 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	TD OFFICERS AIN	DELETE	1.1 TITUE	TD Change K Addition
NAME	CANTRELL, GARY		1.2 NAME	Scott Cameron
STREET ADDRESS	1700 SOUTH 23RD ST		1.3 STREET ADDRE	ss 5404 Susan Lane
CITY-ST-ZIP	FT. PIERCE FL		1.4 CITY-ST-ZIP	Ft. Pierce, FL. 34951
TITLE	D	☐ DELETE	2.1 TITLE	PD Change K Addition
NAME	TERPENING, JAMES		2.2 NAME	Robert Klein
STREET ADDRESS	2980 SOUTH 25TH ST		2.3 STREET ADDRE	.
CITY-ST-ZIP	FT PIERCE FL	Doctor	2. 4 CITY - ST - ZIP	Ft. Pierce, FL 34982
TITLE	PD POPEDTO CARV	☐ DELETE	3.1 TITLE 3.2 NAME	VD Marty Sanders
NAME Street address	ROBERTS, GARY 11201 WEST MIDWAY ROAD		3.2 NAME 3.3 STREET ADDRES	2000 Palm Reach Blad Sto 709
CITY-ST-ZIP	FT. PIERCE FL		3.4. CITY-ST-ZIP	West Palm Beach, FL 33409
TITLE	8	☐ DELETE	4.1 TITLE	SD Change & Addition
NAME	HARGRAVE, LES		4. 2 NAME	Allan Rivett
STREET ADDRESS	2200 VIRGINIA AVENUE		4.3 STREET ADORES	ss   2200 Virginia Ave.
CITY-ST-ZIP	FORT PIERCE FL 34982		4.4 CITY-ST-ZIP	Ft. Pierce, FL. 34982
TITLE	DV	DELETE	5.1 TITLE	D Change Addition
NAME	KLEIN, ROBERT		5.2 NAME	Gary Roberts
STREET ADDRESS	1903 S 25TH ST		5.3 STREET ADDRES	11201 West Hidway Rd.
CITY-ST-ZIP	FT PIERCE FL	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Ft. Pierce, FL. 34945
TITLE NAME	D Sanders, Marty	☐ DECEIE	6.2 NAME	Change C Augnion
STREET ADDRESS	2222 COLONIAL ROAD		6.3 STREET ADDRES	200
CITY-ST-ZIP	FORT PIERCE FL		6.4 CITY-ST-ZIP	99
	T WILL I INCHES		on one of the	

4. I 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.

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