# 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 # N95000002430 (5)**

1. Corporation Name
**PORT SALERNO REVITALIZATION COMMITTEE, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| PO BOX 567<br>PORT SALERNO FL 34992-0567 | PO BOX 567<br>PORT SALERNO FL 34992-0567 |

3. Date Incorporated or Qualified: 05/18/1995
3a. Date of Last Report: NONE

2. Principal Place of Business
21 PORT SALERNO
Suite, Apt. #, etc.
22 P.O. BOX 567
City & State
23 PT. SALERNO
Zip 24 34992 Country 25 USA MARTIN

2a. Mailing Address
26 P.O Box 567
Suite, Apt. #, etc.
27
City & State
28 PT. SALERNO
Zip 29 34992 Country 30 USA

4. FEI Number: 65-0583479 ☐ 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**

TAYLOR, PATRICIA I ESQ.
73 S.W. FLAGLER AVE.
STUART FL 34994

**10. Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 S00001730305 -03/04/96--01031--007 ***61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PRESIDENT<br>BARBARA CHILDERS-HOGAN<br>5358 SE ISABELITA AVE.<br>STUART, FL. 34997 | ☐ DELETE | 11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP | BOARD MEMBER<br>GARY GUERTIN<br>P.O. BOX 1687<br>PT. SALERNO FL. 34992 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VICE PRESIDENT<br>DEBBIE LARSEN<br>P.O. BOX 554<br>PORT SALERNO, FL. 34992 | ☐ DELETE | 21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP | BOARD MEMBER<br>RICHARD HARGER<br>4941 SE. KINGFISH<br>STUART, FL. 34997 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SECRETARY<br>CONNIE BASS<br>4185 S.E ST LUCIE BLVD<br>STUART, FL. 34997 | ☐ DELETE | 31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP | BOARD MEMBER<br>MICHAEL HARMAN<br>P.O. BOX 36<br>PT. SALERNO, FL. 34992 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TREASURER<br>MIKE WORDEN<br>4129 WESTFIELD STREET<br>STUART, FLORIDA 34997 | ☐ DELETE | 41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP | BOARD MEMBER<br>GLORIA MCHARDY<br>P.O BOX 357<br>PORT SALERNO FL. 34992 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | BOARD MEMBER<br>WAYNE BLYTHE<br>5782 S.E. HULL STREET<br>STUART, FLORIDA 34997 | ☐ DELETE | 51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP | BOARD MEMBER<br>TONY ROSATO<br>4924 HORSESHOE PT. RD.<br>STUART, FL. 34997 | ☐ Change ☑ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | BOARD MEMBER<br>PETER GRIEN<br>P.O. BOX 1268<br>PT. SALERNO, FL. 34992 | ☐ DELETE | 61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP | BOARD MEMBER<br>DOUGLAS SHELTON<br>5018 SE DRIFTWOOD<br>STUART, FLORIDA 34997 | ☐ Change ☑ Addition |

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:** Barbara Childers-Hogan 1/25/96 407-221-9002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #