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Feb 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002430 (5)**

1. Corporation Name

PORT SALERNO REVITALIZATION COMMITTEE, INC.



Principal Place of Business PORT SALERNO P.O. BOX 567 567 PORT SALERNO FL 34992	Mailing Address PORT SALERNO P.O. BOX 107 P.O. Box 567 PORT SALERNO FL 34992
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3. Date Incorporated or Qualified 05/18/1995	3a. Date of Last Report 03/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 P.O. Box 567 23 City & State PT. SALERNO FL. 24 Zip 34992 25 Country MARTIN	2a. Mailing Address 26 Suite, Apt. #, etc. 27 P.O. Box 567 28 City & State PT. SALERNO 29 Zip 34992 30 Country	4. FEI Number 65-0583479 Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code FL
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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 _____ (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 CHILDERS-HOGAN, BARBARA	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	5358 SE ISABELITA AVE.	1.2 NAME	
STREET ADDRESS	STUART FL 34997	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE VPD	<input type="checkbox"/> DELETE LARSEN, DEBBIE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4213 SE SEWARD ST	2.2 NAME	
STREET ADDRESS	P.O. BOX 554	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT SALERNO FL 34992	2.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE BASS, CONNIE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	4185 S.E. ST. LUCIE BLVD	3.2 NAME	
STREET ADDRESS	STUART FL 34997	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE T	<input checked="" type="checkbox"/> DELETE WORDEN, MIKE	4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	MARY ANNE MEYER
NAME	4129 WESTFIELD STREET	4.2 NAME	5239 SE. EDDY DR
STREET ADDRESS	STUART FL 34997	4.3 STREET ADDRESS	STUART, FL. 34997
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE BLTYHE, WAYNE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	D
NAME	5782 S.E. HULL STREET	5.2 NAME	ANNE ROGERS
STREET ADDRESS	STUART FL 34997	5.3 STREET ADDRESS	4300 SE ST LUCIE BLVD
CITY-ST-ZIP		5.4 CITY-ST-ZIP	STUART FL. 34997
TITLE D	<input type="checkbox"/> DELETE GRIEN, PETER	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	5959 SE	6.2 NAME	
STREET ADDRESS	P.O. BOX 1288	6.3 STREET ADDRESS	
CITY-ST-ZIP	PT. SALERNO FL 34992	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: Constance L. Bass **CONSTANCE L. BASS** Date: **1/29/97** Daytime Phone #: **221-9002**

CR2E037 (9/96)