

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 # N95000002968 (4)

1. Corporation Name

ST. LUCIE COUNTY BAILBOND ASSOCIATION, INC.



Principal Place of Business

C/O CARROLL COLLINS BONDING
2496 EDWARDS ROAD
FORT PIERCE FL 34982

Mailing Address

C/O CARROLL COLLINS BONDING
2496 EDWARDS ROAD
FORT PIERCE FL 34982

3. Date Incorporated or Qualified
06/19/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

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

COLLINS, CARROLL
C/O CARROLL COLLINS BONDING
2496 EDWARDS ROAD
FORT PIERCE FL 34982

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
COLLINS, CARROLL
P.O. BOX 4114
FORT PIERCE FL 34948

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
BARNES, CLIFFORD
1711 N 25TH STREET
FORT PIERCE FL 34947

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
COLLINS, JANET
P.O. BOX 4114
FORT PIERCE FL 34948

☐ DELETE

TITLE

NAME

STREET ADDRESS

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☐ DELETE

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

Carroll Collins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARROLL COLLINS 4-29-96 (407) 461-0505

Date:

Daytime Phone #

CR2E037 (12/95)