

# 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 # N95000004799 (1)**

1. Corporation Name

**ST. LUCIE PROFESSIONAL ARTS LEAGUE, INC.**



Principal Place of Business

**226 N.E. SURFSIDE AVENUE  
PORT ST. LUCIE FL 34983**

Mailing Address

**226 N.E. SURFSIDE AVENUE  
PORT ST. LUCIE FL 34983**

3. Date Incorporated or Qualified  
**10/06/1995**

3a. Date of Last Report  
**NA**

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

**65-0615751**

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RELIS, LINDA  
226 N.E. SURFSIDE AVENUE  
PORT ST. LUCIE FL 34983**

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 **PRES. D** ☐ DELETE

NAME **LINDA RELIS**  
STREET ADDRESS **226 N.E. SURFSIDE AVE**  
CITY-ST-ZIP **PORT ST. LUCIE, FL 34983**

TITLE **VICE PRES. D** ☐ DELETE

NAME **TOBI ERIS**  
STREET ADDRESS **720 BIKINI DR.**  
CITY-ST-ZIP **FT. PIERCE, FL 34949**

TITLE **TRASURER** ☐ DELETE

NAME **CAROL HUGHES - D**  
STREET ADDRESS **1869 BONIE ST. SE.**  
CITY-ST-ZIP **PORT ST. LUCIE, FL 34962**

TITLE **SEC.** ☐ DELETE

NAME **EILA PORTER**  
STREET ADDRESS **694 FAITH TERR. SE**  
CITY-ST-ZIP **PORT ST. LUCIE, FL 34983**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**000001737750**  
**-03/08/96--01111--006**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: **LINDA RELIS** *Linda Relis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-19-96**

Date

**(407) 340-5154**

Daytime Phone #

CR2E037 (12/95)