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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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	Mailing Address
226 N.E. SURFSIDE AVENUE PORT ST. LUCIE FL 34983	226 N.E. SURFSIDE AVENUE PORT ST. LUCIE FL 34983-1286

3. Date Incorporated or Qualified: 10/06/1995
3a. Date of Last Report: 03/06/1996

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22: 2017 SW Leary Rd.	Suite, Apt. #, etc. 27: 2017 SW Leafy Rd.
City & State 23: Port St. Lucie, FL	City & State 28: Port St. Lucie, FL
Zip 24: 34953 Country 25: St. Lucie	Zip 29: 34953 Country 30: St. Lucie

4. FEI Number: 65-0615751 ☐ 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	10. Name and Address of New Registered Agent
RELIS, LINDA 226 N.E. SURFSIDE AVENUE PORT ST. LUCIE FL 34983	81 Name: Gabby DuCharme 82 Street Address (P.O. Box Number is Not Acceptable): 2017 SW Leafy Rd. 83 84 City: Port St. Lucie FL 85 Zip Code: 34953

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: Gabby DuCharme, President — DATE: 3/5/97
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	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	RELIS, LINDA		1.2 NAME	Gabby DuCharme -D	
STREET ADDRESS	226 NE. SURFSIDE AVE.		1.3 STREET ADDRESS	2017 S.W. Leafy Rd.	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983		1.4 CITY-ST-ZIP	Port St. Lucie, FL 34953	
TITLE	VP	☐ DELETE	2.1 TITLE	VP D	☒ Change ☐ Addition
NAME	ERTS, TOBI		2.2 NAME	Jose Garcia -D	
STREET ADDRESS	720 BIMINI DR.		2.3 STREET ADDRESS	6524 N.W. Chugwater Circle	
CITY-ST-ZIP	FT. PIERCE FL 34949		2.4 CITY-ST-ZIP	Port St. Lucie, FL 34983	
TITLE	TD	☐ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	HUGES, CAROL		3.2 NAME	Hughes, Carol-D	
STREET ADDRESS	1869 BOWIE ST. SE		3.3 STREET ADDRESS	1869 Bowie St. SE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952		3.4 CITY-ST-ZIP	Port St. Lucie, FL 34952	
TITLE	S	☐ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	PORTER, ELIA		4.2 NAME	Porter, Elia-D	
STREET ADDRESS	674 FAITH TERR. SE		4.3 STREET ADDRESS	674 Faith Terr. SE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34983		4.4 CITY-ST-ZIP	Port St. Lucie, FL 34983	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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: Gabby DuCharme SIGNATURE REQUIRED — Feb 7, 1997 — (561) 878-9530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0071578