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Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004799 (1)**
1. Corporation Name

ST. LUCIE PROFESSIONAL ARTS LEAGUE, INC.



Principal Place of Business 2017 SW LEAFY RD PORT ST. LUCIE FL 34953	Mailing Address 2017 SW LEAFY RD PORT ST. LUCIE FL 34953
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3. Date Incorporated or Qualified
10/06/1995

4. FEI Number 65-0615751	Applied For ☐	Not Applicable ☒
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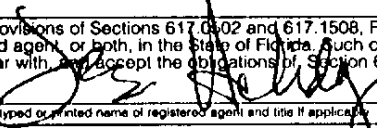
2. Principal Place of Business 21 2518 SE ANCHORAGE COVE Suite, Apt. #, etc. 22 UNIT E1 City & State 23 PORT ST. LUCIE, FL Zip 24 34952	2a. Mailing Address 26 SAME AS 2 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 USA
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent
DU CHARME, GABBY
2017 SW LEAFY RD
PORT ST. LUCIE FL 34953

10. Name and Address of New Registered Agent
81 Name JOE HOLIDAY
82 Street Address (P.O. Box Number Is Not Acceptable)
2518 SE ANCHORAGE COVE
83 UNIT E1
84 City PORT ST. LUCIE FL 85 Zip Code 34952

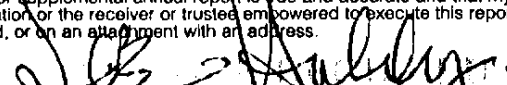
11. Pursuant to the provisions of Sections 617.0302 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. 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 reappointing) DATE **3/27/98**

12. OFFICERS AND DIRECTORS		☐ DELETE
TITLE	PD	
NAME	DU CHARME, GABBY	
STREET ADDRESS	2017 SW LEAFY RD	
CITY-ST-ZIP	PORT ST. LUCIE FL 34953	
TITLE	VPD	☐ DELETE
NAME	GARCIA, JOSE	
STREET ADDRESS	8524 N.W. CHUGWATER CIRCLE	
CITY-ST-ZIP	PORT ST LUCIE FL 34983	
TITLE	TD	☐ DELETE
NAME	HUGES, CAROL	
STREET ADDRESS	1889 BOWIE ST. SE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	
TITLE	SD	☐ DELETE
NAME	PORTER, ELIA	
STREET ADDRESS	674 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		☐ Change ☐ Addition
1.1 TITLE	PD	
1.2 NAME	JOE HOLIDAY	
1.3 STREET ADDRESS	2518 SE ANCHORAGE COVE, UNIT E1	
1.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	☐ Change ☐ Addition
2.1 TITLE	VPD	
2.2 NAME	NANCY ROTOLO	
2.3 STREET ADDRESS	308 W. ARBOR AVE.	
2.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	☐ Change ☐ Addition
3.1 TITLE	TD	
3.2 NAME	HASKELL KAUFFMAN	
3.3 STREET ADDRESS	3750 WHISPERING SOUND DRIVE	
3.4 CITY-ST-ZIP	PALM CITY, FL 34990	☐ Change ☐ Addition
4.1 TITLE	SD	
4.2 NAME	MARY BARBARA NATELLA	
4.3 STREET ADDRESS	56 CYPRESS STREET	
4.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34984	☐ Change ☐ Addition
5.1 TITLE		
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 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:  DATE: **3/29/98**

CR2E037 (10/97)