

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704853

FILED
Mar 31, 2010
Secretary of State

Entity Name: UNITED WAY OF ST. LUCIE COUNTY, INC.

Current Principal Place of Business:

4800 SOUTH US HIGHWAY 1
FORT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

4800 SOUTH US HIGHWAY 1
FORT PIERCE, FL 34982

New Mailing Address:

FEI Number: 59-6212157

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KNAPP, KAREN
4800 SOUTH US HIGHWAY 1
FORT PIERCE, FL 34982 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PC
Name: THOMAS, ROGER
Address: PO BOX 1637
City-St-Zip: JENSEN BEACH, FL 34957

Title: T
Name: JOHNSON, GEORGE
Address: 603 N INDIAN RIVER DR SUITE 300
City-St-Zip: FORT PIERCE, FL 34950

Title: C
Name: SLOAN-BARTZ, TERRI
Address: 9698 SOUTH U.S. #1
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: D
Name: BESSETTE, DAVE
Address: 1648 SE PORT ST LUCIE BLVD
City-St-Zip: PORT ST LUCIE, FL 34952

Title: VC
Name: FINNEY, LINNES ESQ
Address: PO BOX 3390
City-St-Zip: FORT PIERCE, FL 34948

Title: S
Name: BLAND, JULIE
Address: 300 NW PEACOCK BLVD.
City-St-Zip: PORT SAINT LUCIE, FL 34986

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KAREN KNAPP

CEO

03/31/2010

Electronic Signature of Signing Officer or Director

Date