

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748100

FILED
Jan 10, 2005
Secretary of State

Entity Name: THE ARC OF ST. LUCIE COUNTY, INC.

Current Principal Place of Business:

616 ATLANTIC AVE
FT. PIERCE, FL 34950 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1016
FT. PIERCE, FL 34954 US

New Mailing Address:

FEI Number: 59-1100961

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KING, CHERYL
1905 YORK CT.
FT. 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: DP () Delete
Name: BAKER, PAMELA
Address: 3413 NORTH A1A
City-St-Zip: FORT PIERCE, FL 34949

Title: DVP () Delete
Name: GARZA, JERRY
Address: 1822 SE RAINIER ROAD
City-St-Zip: PORT ST LUCIE, FL 34952

Title: DS () Delete
Name: COSTA, CATHI
Address: 1591 SE CROQUET ST.
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: DT () Delete
Name: NELSON, RUSTI
Address: 3413 NORTH A1A
City-St-Zip: FORT PIERCE, FL 34949

Title: DVP () Delete
Name: MUNZING, CONNIE
Address: 2050 OLEANDER BLVD 7-104
City-St-Zip: FORT PIERCE, FL 34950

Title: D () Delete
Name: GUNTHER, GAIL
Address: 2319 ATLANTIC BEACH BLVD
City-St-Zip: FORT PIERCE, FL 34949

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHERYL L. KING

ED

01/10/2005

Electronic Signature of Signing Officer or Director

Date