2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#748100

FILED Mar 13, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 601 OHIO AVE FT. PIERCE, FL 34950 US **Current Mailing Address: New Mailing Address:** P. O. BOX 1016 FT. PIERCE, FL 34954 US FEI Number: 59-1100961 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KING, CHERYL KING, CHERYL L EX DIR 1905 YORK CT. 9405 MEADOWOOD DRIVE FT. PIERCE, FL 34982 US FT. PIERCE, FL 34951 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: CHERYL L. KING 03/13/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: DP () Delete () Change () Addition KIRK, GREG Name: Name: 904 DIANE DRIVE Address: Address: City-St-Zip: PORT ST LUCIE, FL 34952 City-St-Zip: Title: DVP Title: () Delete () Change () Addition YOUNG, KIRK Name: Name: Address: 611 S INDIAN RIVER DR Address: City-St-Zip: FORT PIERCE, FL 34950 City-St-Zip: Title: DS () Delete Title: (X) Change () Addition SCIALDO, JOSEPHINE MILLER-MOORE, BARNEY Name: Name: 422 HERNANDO ST 1466 SW FLOUNDER LANE Address: Address: City-St-Zip: FORT PIERCE, FL 34949 City-St-Zip: PT. ST. LUCIE. FL 34988 Title: DT Title: DT (X) Change () Addition () Delete ADKINS-COLLINS, CAROL Name: Name: BOUTON, CHERYL 5208 NW DOWNEY COURT Address: 307 NORTH 20TH STREET Address: City-St-Zip: FORT PIERCE, FL 34950 City-St-Zip: PT. ST. LUCIE, FL 34983 Title: DVP () Delete Title: (X) Change () Addition MUNZING, CONNIE MUNZING, CONNIE Name: Name: 2050 OLEANDER BLVD 7-104 2050 OLEANDER BLVD 7-103 Address: Address: City-St-Zip: FORT PIERCE, FL 34950 City-St-Zip: FORT PIERCE, FL 34950 Title: () Delete Title: (X) Change () Addition GUNTHER, GAIL COSTA, CATHI Name: Name: Address: 2319 ATLANTIC BEACH BLVD Address: 1591 SE CROQUET ST. FORT PIERCE, FL 34949 PT. ST. LUCIE, FL 34983 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 KING ED 03/13/2009