2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2009
Secretary of State

DOCUMENT# N07000000218

Entity Name: PORT ST LUCIE COUNCIL OF ARTS CORPORATION

Current Principal Place of Business:

2962 SE BELLA ROAD
PORT ST LUCIE, FL 34984 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9044
PORT ST LUCIE, FL 34985 US

New Mailing Address:

FEI Number: 16-1781571 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MOUGEOTTE, JAMES D JR
2962 SE BELLA ROAD
PORT ST LUCIE, FL 34984 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: D ( ) Delete
Name: AGUIAR, DIANE
Address: 561 NW COLONIAL ST.
City-St-Zip: PORT ST LUCIE, FL 34983 US

Title: D ( ) Delete
Name: FERRARA, MICHAEL
Address: 1491 ASHVILLE COURT
City-St-Zip: PORT ST LUCIE, FL 34952 US

Title: D ( ) Delete
Name: MOUGEOTTE, JAMES JR.
Address: 2962 SE BELLA ROAD
City-St-Zip: PORT ST LUCIE, FL 34984 US

Title: D ( ) Delete
Name: BEYER, JOAN
Address: 215 NW CHORALE WAY
City-St-Zip: PORT ST LUCIE, FL 34986 US

Title: D ( ) Delete
Name: JENSEN, DEBI
Address: 1626 W TAURUS LANE
City-St-Zip: PORT ST LUCIE, FL 34984 US

Title: D ( ) Delete
Name: MACAFOOS, RICHARD
Address: 1556 SE WESTMORELAND BLVD
City-St-Zip: PORT ST LUCIE, FL 34952 US

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 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: JAMES D. MOUGEOTTE JR. D 05/20/2009

Electronic Signature of Signing Officer or Director — Date