

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90050 036 ****61.25

DOCUMENT # N36808

1. Entity Name

ST. LUCIE COUNTY EDUCATION FOUNDATION, INC.

Principal Place of Business

Mailing Address

**2909 DELAWARE AVENUE
 FT. PIERCE FL 34947**

**2909 DELAWARE AVENUE
 FT. PIERCE FL 34947**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0209044

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SJOGREN, MICHELLE
 2909 DELAWARE AVE.
 FT. PIERCE FL 34947**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Michelle Sjogren

1/24/02 MS

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DAVIS-MAMMARELLA, MARY JANE	
STREET ADDRESS	502 N.W. SAGAMORE TERR	
CITY-ST-ZIP	PORT ST LUCIE FL 34983	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	HOSKINS, BETH	
STREET ADDRESS	2931 N. INDIAN RIVER DR	
CITY-ST-ZIP	FT. PIERCE FL 34946	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FOGAL, CHRIS	
STREET ADDRESS	603 N. INDIAN RIVER DR., #300	
CITY-ST-ZIP	FORT PIERCE FL 34950	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NIX, JOYCE	
STREET ADDRESS	111 ORANGE AVE	
CITY-ST-ZIP	FT PIERCE FL 34950	
TITLE	ED	<input type="checkbox"/> Delete
NAME	SJOGREN, MICHELLE	
STREET ADDRESS	2909 DELAWARE AVENUE	
CITY-ST-ZIP	FT. PIERCE FL 34947	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hoskins, Beth	
STREET ADDRESS	2931 N. Indian River Drive	
CITY-ST-ZIP	Ft. Pierce, FL 34946	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Klein, Robert	
STREET ADDRESS	1903 S. 25th Street	
CITY-ST-ZIP	Ft. Pierce, FL 34947	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Davis-Mammarella, Mary Jane	
STREET ADDRESS	502 N.W. Sagamore Terrace	
CITY-ST-ZIP	Port St. Lucie, FL 34983	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE:

Michelle Sjogren 1/24/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)