

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	DAVIS-MAMMARELLA, MARY JANE	502 N.W. SAGAMORE TERR	PORT ST LUCIE FL 34983	<input checked="" type="checkbox"/>
VPD	HOSKINS, BETH	2931 N. INDIAN RIVER DR	FT. PIERCE FL 34946	<input checked="" type="checkbox"/>
TD	FOGAL, CHRIS	603 N. INDIAN RIVER DR., #300	FORT PIERCE FL 34950	<input type="checkbox"/>
D	NIX, JOYCE	111 ORANGE AVE	FT PIERCE FL 34950	<input checked="" type="checkbox"/>
ED	SJOGREN, MICHELLE	2909 DELAWARE AVENUE	FT. PIERCE FL 34947	<input type="checkbox"/>
				<input type="checkbox"/>

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)