

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36808

FILED
Feb 02, 2009
Secretary of State

Entity Name: ST. LUCIE COUNTY EDUCATION FOUNDATION, INC.

Current Principal Place of Business:

4204 OKEECHOBEE RD.
FT. PIERCE, FL 34947

New Principal Place of Business:

Current Mailing Address:

4204 OKEECHOBEE RD.
FT. PIERCE, FL 34947

New Mailing Address:

FEI Number: 65-0209044

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLMGREN, MARY
4204 OKEECHOBEE RD
FORT PIERCE, FL 34947 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: VD () Delete
Name: SKILES, DAVID
Address: 4204 OKEECHOBEE RD
City-St-Zip: FORT PIERCE, FL 34947

Title: D () Delete
Name: HOLMGREN, MARY
Address: 4204 OKEECHOBEE RD
City-St-Zip: FORT PIERCE, FL 34947

Title: D () Delete
Name: HOSKINS, BETH
Address: 2931 N INDIAN RIVER DRIVE
City-St-Zip: FORT PIERCE, FL 34946

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HOWARD, RUDOLPH
Address: 8495 S. US 1, SUITE 13
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: ED (X) Change () Addition
Name: HOLMGREN, MARY
Address: 4204 OKEECHOBEE RD
City-St-Zip: FORT PIERCE, FL 34947

Title: VP (X) Change () Addition
Name: MALLONEE, ELIZABETH
Address: 2705 S. INDIAN RIVER DRIVE
City-St-Zip: FORT PIERCE, FL 34950

Title: T () Change (X) Addition
Name: GENTRY, ANTONIA
Address: 121 SW LANDIS LANE
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: PP () Change (X) Addition
Name: SKILES, DAVID
Address: 1301 SE PORT ST. LUCIE BLVD
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: D () Change (X) Addition
Name: ARTEAGA, RENE
Address: 1850 SE FOUNTAINVIEW BLVD, SUITE 201
City-St-Zip: PORT ST. LUCIE, FL 34986

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: MARY HOLMGREN

ED

02/02/2009

Electronic Signature of Signing Officer or Director

Date