

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N36808

FILED
Jan 06, 2011
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:

4204 OKEECHOBEE RD
FT PIERCE, FL 34947

Current Mailing Address:

4204 OKEECHOBEE RD.
FT. PIERCE, FL 34947

New Mailing Address:

4204 OKEECHOBEE RD
FT PIERCE, FL 34947

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: P
Name: HOUGHTEN, PAMELA
Address: 11350 SW VILLAGE PARKWAY
City-St-Zip: PORT ST LUCIE, FL 34987

Title: ED
Name: HOLMGREN, MARY
Address: 4204 OKEECHOBEE RD
City-St-Zip: FORT PIERCE, FL 34947

Title: VP
Name: WANINGER, MICHAEL
Address: 9860 SW GLENBROOK DRIVE
City-St-Zip: PORT ST LUCIE, FL 34987

Title: T
Name: RICHARD, KOLLEDA
Address: 240 NW PEACOCK BLVD SUITE 104
City-St-Zip: PORT ST LUCIE, FL 34986

Title: PP
Name: HEARD-MALLONEE, ELIZABETH
Address: 2705 S INDIAN RIVER DRIVE
City-St-Zip: FORT PIERCE, FL 34950

Title: S
Name: LACIVITA, LORI
Address: PO BOX 12381
City-St-Zip: FORT PIERCE, FL 34979

I hereby 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 all other like empowered.

SIGNATURE: JW GAINES

CPA

01/06/2011

Electronic Signature of Signing Officer or Director

Date