

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 744753

**Entity Name:** LONGSHOREMEN OF ST. LUCIE COUNTY, INC.

**Current Principal Place of Business:**

503 NORTH 7TH STREET  
FORT PIERCE, FL 34950-8229

**Current Mailing Address:**

503 NORTH 7TH STREET  
FORT PIERCE, FL 34950-8229 US

**FEI Number:** 59-1685042

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROSS, RICHARD  
503 NORTH 7TH STREET  
FORT PIERCE, FL 34950 US

**FILED**  
**Apr 18, 2023**  
**Secretary of State**  
**0642878166CC**

*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:** RICHARD ROSS

04/18/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name ROSS, RICHARD  
Address 503 NORTH 7TH STREET  
City-State-Zip: FORT PIERCE FL 34950

Title VP  
Name DAWSEY, GEORGE  
Address 503 NORTH 7TH STREET  
City-State-Zip: FORT PIERCE FL 34950

Title FINANCIAL SECRETARY,  
TREASURER, DISPATCHER  
Name BELEZAIR, DENNIS  
Address 503 NORTH 7TH STREET  
City-State-Zip: FORT PIERCE FL 34950-8229

Title RECORDING SECRETARY  
Name JONES, TRINERE  
Address 503 NORTH 7TH STREET  
City-State-Zip: FORT PIERCE FL 34950-8229

Title TRUSTEE  
Name ALEXANDER, MALCOLM  
Address 503 NORTH 7TH STREET  
City-State-Zip: FORT PIERCE FL 34950-8229

Title TRUSTEE  
Name BELEZAIR, RODNEY  
Address 503 NORTH 7TH STREET  
City-State-Zip: FORT PIERCE FL 34950-8229

Title TRUSTEE  
Name DEMONTEGAG, RODRICK  
Address 503 NORTH 7TH STREET  
City-State-Zip: FORT PIERCE FL 34950-8229

Title CHAIRMAN  
Name GREEN, RONALD  
Address 503 NORTH 7TH STREET  
City-State-Zip: FORT PIERCE FL 34950-8229

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*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:** RICHARD ROSS

PD

04/18/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            CHAPLAN  
Name            PLOWDEN, VIVIAN  
Address        503 NORTH 7TH STREET  
City-State-Zip: FORT PIERCE FL 34950-8229

Title            TRUSTEE  
Name            JACKSON, GENE  
Address        503 NORTH 7TH STREET  
City-State-Zip: FORT PIERCE FL 34950-8229