

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748100

Entity Name: THE ARC OF ST. LUCIE COUNTY, INC.**Current Principal Place of Business:**500 SOUTH US HIGHWAY 1
SUITE 101
FT. PIERCE, FL 34950**Current Mailing Address:**P.O. BOX 1016
FT. PIERCE, FL 34954-1016 US**FEI Number: 59-1100961****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KING, GEORGE FREDERICK EXECUTIVE DIRECTOR
500 SOUTH US HIGHWAY 1, LOWER LEVEL
FT. PIERCE, FL 34950 US*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:** GEORGE F. KING

01/15/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name BOYD, J. CURTIS
Address P.O. BOX 1016
City-State-Zip: FT. PIERCE FL 34954-1016

Title TREASURER
Name FULLER, ALESHA
Address P.O. BOX 1016
City-State-Zip: FT. PIERCE FL 34954-1016

Title VP
Name SHAFER, CHARLES
Address 4038 GATOR TRACE RD.
City-State-Zip: FT. PIERCE FL 34950

Title DIRECTOR
Name PATTERSON, CHRISTENA
Address PO BOX 1016
City-State-Zip: FORT PIERCE FL 34954

Title SECRETARY
Name HANSLER, LISA
Address 7304 COQUINA AVE
City-State-Zip: FT. PIERCE FL 34951

Title DIRECTOR
Name CROUSE, TAMMY
Address PO BOX 1016
City-State-Zip: FORT PIERCE FL 34954

Title DIRECTOR
Name INGERSOLL, TROY
Address PO BOX 1016
City-State-Zip: FORT PIERCE FL 34954-1016

Title DIRECTOR
Name HARTSFIELD, KEITH
Address PO BOX 1016
City-State-Zip: FT. PIERCE FL 34954

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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: GEORGE F. KING

EXECUTIVE DIRECTOR

01/15/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	PHELAN, KELLY
Address	PO BOX 1016
City-State-Zip:	FT. PIERCE FL 34954