2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2014
Secretary of State
CC6900826279

DOCUMENT# 748100

Entity Name: THE ARC OF ST. LUCIE COUNTY, INC.

Current Principal Place of Business:

500 SOUTH US 1 UNIT 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: Yes

Name and Address of Current Registered Agent:

KING, CHERYL L EXECUTIVE DIRECTOR
500 SOUTH US 1 UNIT 101
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: CHERYL L. KING 01/16/2014

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	KIRK, GREG
Address	P.O. BOX 1016
City-State-Zip:	FT. PIERCE FL 34954-1016

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

Title	DIRECTOR
Name	COSTA, CATHI
Address	P.O. BOX 1016
City-State-Zip:	FT. PIERCE FL 34954-1016

Title	DIRECTOR
Name	JACKSON, TAMEIKA
Address	P.O. BOX 1016
City-State-Zip:	FT. PIERCE FL 34954-1016

Title	VP
Name	YOUNG, KIRK
Address	P.O. BOX 1016
City-State-Zip:	FT. PIERCE FL 34954-1016

Title	DIRECTOR
Name	MELVILLE, ERIK
Address	P.O. BOX 1016
City-State-Zip:	FT. PIERCE FL 34954-1016

Title	DIRECTOR
Name	SHAFER, CHARLES
Address	P.O. BOX 1016
City-State-Zip:	FT. PIERCE FL 34954-1016

Title	SECRETARY
Name	KING, GEORGE
Address	P.O. BOX 1016
City-State-Zip:	FT. PIERCE FL 34954-1016

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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: GREG KIRK PRESIDENT 01/16/2014

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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