

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000004929

**FILED**  
**Jan 25, 2013**  
**Secretary of State**  
**CC9341476896**

**Entity Name:** ECONOMIC DEVELOPMENT COUNCIL OF ST. LUCIE COUNTY, INC.

**Current Principal Place of Business:**

INDIAN RIVER STATE COLLEGE-STEM BLDG.  
500 NW CALIFORNIA BLVD  
PORT SAINT LUCIE, FL 34986

**Current Mailing Address:**

P.O. BOX 881358  
PORT ST LUCIE, FL 34988 US

**FEI Number: 65-1058626**

**Certificate of Status Desired: No**

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

PELTON, LARRY L  
INDIAN RIVER STATE COLLEGE-STEM BLDG  
500 NW CALIFORNIA BLVD.  
PORT SAINT LUCIE, FL 34986 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title T  
Name WILKINSON, THOMAS H  
Address 815 COLORADO AVENUE  
City-State-Zip: STUART FL 34994

Title C  
Name HOUGHTEN, RICHARD A  
Address 11350 SW VILLAGE PARKWAY  
City-State-Zip: PORT SAINT LUCIE FL 34987

Title S  
Name WILKINSON, THOMAS H  
Address 815 COLORADO AVENUE  
City-State-Zip: STUART FL 34994

Title PRESIDENT  
Name PELTON, LARRY  
Address INDIAN RIVER STATE COLLEGE-STEM  
BLDG  
500 NW CALIFORNIA BLVD  
City-State-Zip: PORT SAINT LUCIE FL 34986

*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: LARRY PELTON**

**PRESIDENT**

**01/25/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date