## **2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000006866

Entity Name: SOLAR AND ENERGY LOAN FUND OF ST. LUCIE COUNTY, INC.

FILED
Mar 01, 2021
Secretary of State
1194510269CC

## **Current Principal Place of Business:**

2400 RHODE ISLAND AVENUE FORT PIERCE. FL 34950

## **Current Mailing Address:**

P.O. BOX 5506

FORT PIERCE. FL 34954 US

FEI Number: 27-3102098 Certificate of Status Desired: Yes

## Name and Address of Current Registered Agent:

HUDSON, JACQUELINE L 2400 RHODE ISLAND AVE FORT 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: JACQUELINE L HUDSON 03/01/2021

Electronic Signature of Registered Agent Date

Officer/Director Detail:

TitlePRESIDENTTitleSECRETARYNameABNEY, KYLENameCOOPER, TOM

Address P.O. BOX 919 Address 4498 NE SKYLINE DRIVE

City-State-Zip: PALM CITY FL 34991 City-State-Zip: JENSEN BEACH FL 34957

Title VP Title MEMBER

NameROSS, FRANNameMCCRACKEN, SCOTTAddress7003 SHANNON DRAddress2312 VERO BEACH AVECity-State-Zip:FORT PIERCE FL 34951City-State-Zip:VERO BEACH FL 32960

Title DIRECTOR Title MEMBER

NameCOWARD, DOUGLAS WNameKRISTEN, GUETTLERAddress1833 SE HIDEAWAY CIRCLEAddress2300 VIRGINIA AVENUECity-State-Zip:PORT SAINT LUCIE FL 34952City-State-Zip: FORT PIERCE FL 34982

Title MEMBER

Name GLICKMAN, SUSAN

Address PO BOX 310

City-State-Zip: INDIAN ROCKS BEACH FL 33785

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: DOUGLAS W COWARD EXECUTIVE DIRECTOR 03/01/2021