

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000006866

**FILED**  
**Jan 20, 2015**  
**Secretary of State**  
**CC2549605476**

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

**Current Principal Place of Business:**

2400 RHODE ISLAND AVENUE  
FORT PIERCE, FL 34950

**Current Mailing Address:**

P.O. BOX 5506  
FORT PIERCE, FL 34954

**FEI Number: 27-3102098**

**Certificate of Status Desired: No**

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

BUCZINSKY, CANDACE H  
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: CANDACE BUCZINSKY**

**01/20/2015**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ABNEY, KYLE  
Address        P.O. BOX 919  
City-State-Zip: PALM CITY FL 34991

Title            S  
Name            COOPER, TOM A1A  
Address        4498 NE SKYLINE DRIVE  
City-State-Zip: JENSEN BEACH FL 34957

Title            D  
Name            LUDLUM, BOB  
Address        1651 SW MACEDO BLVD.  
City-State-Zip: PORT ST. LUCIE FL 34984

Title            D  
Name            ROBERTS, ALAN ED.D DR  
Address        3209 VIRGINIA AVE.  
City-State-Zip: FORT PIERCE FL 34982

Title            TREASURER  
Name            CRANDELL, TAMMY  
Address        1374 SW SULTAN DR  
City-State-Zip: FORT PIERCE FL 34953

*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: KYLE ABNEY**

**PRESIDENT**

**01/20/2015**

Electronic Signature of Signing Officer/Director Detail

Date