

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000006866

**FILED**  
**Feb 19, 2020**  
**Secretary of State**  
**5096997074CC**

**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 US

**FEI Number: 27-3102098**

**Certificate of Status Desired: Yes**

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

YATES, ALLISON N  
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:** ALLISON N. YATES

02/19/2020

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

Title            VP  
Name            ROSS, FRAN  
Address        7003 SHANNON DR  
City-State-Zip: FORT PIERCE FL 34951

Title            MEMBER  
Name            MCCracken, SCOTT  
Address        2312 VERO BEACH AVE  
City-State-Zip: VERO BEACH FL 32960

Title            DIRECTOR  
Name            COWARD, DOUGLAS W  
Address        1833 SE HIDEAWAY CIRCLE  
City-State-Zip: PORT SAINT LUCIE FL 34952

Title            MEMBER  
Name            KRISTEN, GUETTLER  
Address        2300 VIRGINIA AVENUE  
City-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 COWARD

**EXECUTIVE DIRECTOR**

02/19/2020

Electronic Signature of Signing Officer/Director Detail

Date