

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N10000006866

**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:**

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

06/21/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title MEMBER  
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 PRESIDENT  
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 GLICKMAN, SUSAN  
Address PO BOX 310  
City-State-Zip: INDIAN ROCKS BEACH FL 33785

Title TREASURER  
Name CAMBRIC, BOB  
Address 1746 SILVERWOOD DR  
City-State-Zip: TALLAHASSEE FL 32301

*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

06/21/2022

Electronic Signature of Signing Officer/Director Detail

Date