## **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000006866

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

**FILED** May 10, 2023 **Secretary of State** 9781805043CC

## **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 05/10/2023

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **MEMBER** Title **SECRETARY** ABNEY, KYLE COOPER, TOM Name Name

P.O. BOX 919 4498 NE SKYLINE DRIVE Address Address City-State-Zip: JENSEN BEACH FL 34957 PALM CITY FL 34991 City-State-Zip:

**PRESIDENT** Title Title VΡ

Name MCCRACKEN, SCOTT Name ROSS, FRAN Address 2312 VERO BEACH AVE Address 7003 SHANNON DR VERO BEACH FL 32960 City-State-Zip: FORT PIERCE FL 34951 City-State-Zip:

Title **MEMBER** Title **DIRECTOR** 

Name GLICKMAN, SUSAN ANDRADE, MARIA D Name

Address PO BOX 310 Address 21 WINGHAVEN LN

City-State-Zip: INDIAN ROCKS BEACH FL 33785 City-State-Zip: FORT PIERCE FL 34949

Title **TREASURER** CAMBRIC, BOB Name

1746 SILVERWOOD DR Address

TALLAHASSEE FL 32301 City-State-Zip:

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.

05/10/2023 SIGNATURE: MARIA DUANNE ANDRADE EXECUTIVE DIRECTOR

Electronic Signature of Signing Officer/Director Detail

Date