

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000002973

FILED
Apr 29, 2015
Secretary of State
CC9575566869

Entity Name: ST. LUCIE EMERGENCY COMMUNICATIONS RESPONSE TEAM, INC.

Current Principal Place of Business:

672 NE OWLS NEST COURT
PORT SAINT LUCIE, FL 34983

Current Mailing Address:

PO BOX 13223
FORT PIERCE, FL 34979

FEI Number: 37-1667844

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOWMAN, STEPHEN G
672 NE OWLS NEST CT
PORT ST LUCIE, FL 34983 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP, DIRECTOR	Title	SECRETARY, DIRECTOR
Name	STARR, DONALD	Name	VAN HORN, EDWARD
Address	PO BOX 13223	Address	PO BOX 13223
City-State-Zip:	FORT PIERCE FL 34979	City-State-Zip:	FORT PIERCE FL 34979
Title	TREASURER, DIRECTOR	Title	DIRECTOR
Name	WARNOCK, R. C.	Name	AMAR, PETER
Address	PO BOX 13223	Address	PO BOX 13223
City-State-Zip:	FORT PIERCE FL 34979	City-State-Zip:	FORT PIERCE FL 34979
Title	DIRECTOR	Title	DIRECTOR
Name	BUTTE, JODY	Name	LEVY, HAROLD
Address	PO BOX 13223	Address	PO BOX 13223
City-State-Zip:	FORT PIERCE FL 34979	City-State-Zip:	FORT PIERCE FL 34979
Title	VP, DIRECTOR	Title	PRESIDENT, DIRECTOR
Name	HORNER, PAUL	Name	LOWMAN, STEPHEN G
Address	PO BOX 13223	Address	PO BOX 13223
City-State-Zip:	FORT PIERCE FL 34979	City-State-Zip:	FORT PIERCE FL 34979

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: STEPHEN G. LOWMAN

PRESIDENT

04/29/2015

Electronic Signature of Signing Officer/Director Detail

Date