

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

DOCUMENT# N18000003786

**Entity Name:** FLORIDA MASTER NATURALIST - ST. LUCIE CHAPTER, INC.

**Current Principal Place of Business:**

5000 W. MIDWAY ROAD  
FORT PIERCE, FL 34981

**Current Mailing Address:**

P.O. BOX 13821  
FORT PIERCE, FL 34979 US

**FEI Number: 46-2478684**

**Certificate of Status Desired: No**

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

HAMBURGER, SUSAN  
1504 CORONADO AVENUE  
FORT PIERCE, FL 34982 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            PRES  
Name            HAMBURGER, SUSAN  
Address        P.O. BOX 13821  
City-State-Zip: FORT PIERCE FL 34979

Title            SECRETARY  
Name            STOVER, NEIL CHARLES  
Address        P.O. BOX 13821  
City-State-Zip: FORT PIERCE FL 34979

Title            VP  
Name            NELSON, JOHN  
Address        P.O. BOX 13821  
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: SUSAN HAMBURGER**

**PRESIDENT**

**01/17/2022**

Electronic Signature of Signing Officer/Director Detail

Date