

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2007 8:00 am
Secretary of State

02-08-2007 90050 014 ****70.00

DOCUMENT # 704853

1. Entity Name

UNITED WAY OF ST. LUCIE COUNTY, INC.



Principal Place of Business

Mailing Address

4800 SOUTH US HIGHWAY 1
FORT PIERCE FL 34982

4800 SOUTH US HIGHWAY 1
FORT PIERCE FL 34982



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-6212157

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KNAPP, KAREN
4800 SOUTH US HIGHWAY 1
FORT PIERCE FL 34982

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Karen Knapp

Karen Knapp

1/30/07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PP EPSKY, THOMAS D 2120 SE WILD MEADOW CIRCLE PORT ST. LUCIE FL 34952	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C THOMPSON, MARSHA 3209 VIRGINIA AVE. FORT PIERCE FL 34981	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VC CORRICK, DENNIS 1903 S 25TH ST. FORT PIERCE FL 34947	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KELLY-BROWN, SHARON 950 BAYSHORE BLVD. PORT ST. LUCIE FL 34983	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SMITH, BRAD 247 SE PORT ST LUCIE BLVD PORT SAINT LUCIE FL 34984	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D APUGLIESE, LOU PO BOX 9033 STUART FL 34995	☒ Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Roger Thomas Po Box 1637 Jensen Beach, FL 34957	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Pat Alley 2211 Okeechobee Rd Ft. Pierce, FL 34950	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V. Chairman Sharon Kelly-Brown 950 Bayshore Blvd Port St Lucie, FL 34983	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Chairman Dennis Corrick, Esq 1903 S. 25th St Ft. Pierce, FL 34947	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Past Chairman Marsha Thompson 3209 Virginia Ave Ft. Pierce, FL 34981	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Director Linnes Finney, Esq 211 E. Osceola Stuart, FL 34994	☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Karen Knapp

Karen Knapp

1/30/07

(772) 464-5300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #