2006 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 725431

Entity Name: ST LUCIE COMMUNITY THEATRE INC

FILED Oct 05, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business	Current Principal Place of Business:	New Principal Place of Business
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700 W WEATHERBEE RD FORT PIERCE, FL 34982 US

Current Mailing Address: New Mailing Address:

PO BOX 12483 FORT PIERCE, FL 34979

FEI Number: 23-7378281 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

LUCHKA, JOHN 568 SW DUVAL AVE. PORT SAINT 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: JOHN LUCHKA

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: P () Delete Title: P (X) Change () Addition

Name:HEINRICH, WALTERName:MARCAZZOLO, CHRISAddress:2249 SW MASTERAddress:1045 SW JENNIFER

City-St-Zip: PORT SAINT LUCIE, FL 34952 City-St-Zip: PORT SAINT LUCIE, FL 34953

 Title:
 TD
 () Delete
 Title:
 TD
 (X) Change () Addition

 Name:
 HARRISON, DIANE
 Name:
 GROENDYKE, ELISA

 Address:
 3306 SE W SNOW RD
 Address:
 5808 PAPAYA DRIVE

 City-St-Zip:
 PORT SAINT LUCIE, FL 34984
 City-St-Zip:
 FORT PIERCE, FL 34982

Title: D () Delete Title: D (X) Change () Addition

 Name:
 JOHNSON-NEFF, DEBBIE
 Name:
 ZALESKI, JOY

 Address:
 5552 SE CROSSPOINT DR
 Address:
 20 LAKE VISTA TRAIL #105

City-St-Zip: PORT SAINT LUCIE, FL 34983 City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D () Delete Title: D (X) Change () Addition

 Name:
 MYRIAM, HARDY
 Name:
 HOLERGER, PATRICIA

 Address:
 431 N.W. ARCHER AVE
 Address:
 402 E. MIDWAY ROAD

 City-St-Zip:
 PORT SAINT LUCIE, FL 34983
 City-St-Zip:
 FORT PIERCE, FL 34982

Title: D () Delete Title: D (X) Change () Addition

 Name:
 PRECINO, JOHN
 Name:
 PROCINO, JOHN

 Address:
 903 W WEATHERBEE RD
 Address:
 903 W WEATHERBEE RD

 City-St-Zip:
 FORT PIERCE, FL 34982
 City-St-Zip:
 FORT PIERCE, FL 34982

Title: VD () Delete Title: VD (X) Change () Addition

Name: HARRIS, MARA-MIKAEL Name: SEARLES, GAIL
Address: 5900 TRAVELERS WAY Address: 2306 ST LUCIE BLVD
City-St-Zip: FORT PIERCE, FL 34982 City-St-Zip: FORT PIERCE, FL 34946

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: CHRIS MARCAZZOLO P 10/05/2006