

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725431

FILED  
Feb 08, 2007  
Secretary of State

Entity Name: ST LUCIE COMMUNITY THEATRE INC

**Current Principal Place of Business:**

700 W WEATHERBEE RD  
FORT PIERCE, FL 34982 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 12483  
FORT PIERCE, FL 34979

**New Mailing Address:**

FEI Number: 23-7378281

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LUCHKA, JOHN  
568 SW DUVAL AVE.  
PORT SAINT LUCIE, FL 34983 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MARCAZZOLO, CHRIS  
Address: 1045 SW JENNIFER  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: TD ( ) Delete  
Name: GROENDYKE, ELISA  
Address: 5808 PAPAYA DRIVE  
City-St-Zip: FORT PIERCE, FL 34982

Title: D ( ) Delete  
Name: ZALESKI, JOY  
Address: 20 LAKE VISTA TRAIL #105  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: D ( ) Delete  
Name: HOLERGER, PATRICIA  
Address: 402 E. MIDWAY ROAD  
City-St-Zip: FORT PIERCE, FL 34982

Title: D ( ) Delete  
Name: PROCINO, JOHN  
Address: 903 W WEATHERBEE RD  
City-St-Zip: FORT PIERCE, FL 34982

Title: VD ( ) Delete  
Name: SEARLES, GAIL  
Address: 2306 ST LUCIE BLVD  
City-St-Zip: FORT PIERCE, FL 34946

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

02/08/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date