

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725431

FILED
Apr 03, 2008
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 (X) Delete
Name: SEARLES, GAIL
Address: 2306 ST LUCIE BLVD
City-St-Zip: FORT PIERCE, FL 34946

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SEARLES, GAIL
Address: 2306 ST LUCIE BLVD
City-St-Zip: FORT PIERCE, FL 34946

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 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: GAIL SEARLES

P

04/03/2008

Electronic Signature of Signing Officer or Director

Date