

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725431

FILED  
Jan 27, 2010  
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 (X)**

**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  
Name: LILLO, FRANK  
Address: P.O. BOX 8315  
City-St-Zip: PORT ST LUCIE, FL 34985

Title: RS/D  
Name: FURTADO, DAWN  
Address: 909 CITRUS AVE  
City-St-Zip: FORT PIERCE, FL 34950

Title: VP/D  
Name: ELMQUIST, CAREY ANNE  
Address: 1726 JOY HAVEN DR  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D  
Name: PENNETTI, FRANK  
Address: 146 S.W. PEACOCK BLVD  
City-St-Zip: PORT ST LUCIE, FL 34986

Title: D  
Name: MARCAZZOLO, CHRIS  
Address: 1045 S.W. JENNIFER TERR  
City-St-Zip: PORT ST LUCIE, FL 34953

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: FRANK LILLO

PRES

01/27/2010

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

\_\_\_\_\_  
Date