

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725431

FILED
Feb 17, 2011
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: VP
Name: MORAN, KENNETH J
Address: 2853 S.E. PACE DR.
City-St-Zip: PORT ST LUCIE, FL 34984

Title: RS/D
Name: RECCO, ADRIENNE
Address: 127 N.E. ESTIA LANE
City-St-Zip: PORT ST LUCIE, FL 34983

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

Title: CS/D
Name: HAWLEY, MELISSA
Address: 607 N.W. GRENADA ST
City-St-Zip: PORT ST LUCIE, FL 34983

Title: D
Name: FIELDEN, DEANNA
Address: 453 22ND PLACE S.E.
City-St-Zip: VERO BEACH, FL 32962

Title: T
Name: TORRES, JOSE
Address: 4923 SPARKLING PINES CIRCLE
City-St-Zip: FORT PIERCE, FL 34951

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: CAREY ANNE ELMQUIST

P

02/17/2011

Electronic Signature of Signing Officer or Director

Date