

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725670

FILED
Jan 18, 2008
Secretary of State

Entity Name: COUNCIL ON AGING OF ST. LUCIE, INC.

Current Principal Place of Business:

2501 SW BAYSHORE BLVD
PORT SAINT LUCIE, FL 34984

New Principal Place of Business:

Current Mailing Address:

2501 SW BAYSHORE BLVD
PORT SAINT LUCIE, FL 34984

New Mailing Address:

FEI Number: 59-1474012

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAWKINS, ANDRE CHAIR
1136 SW GREENBRIAR COVE
PORT ST. LUCIE, FL 34986 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: V () Delete
Name: PINKNEY, PADRICK A
Address: 145 N.W. CENTRAL PARK PLAZA
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: C () Delete
Name: HAWKINS, ANDRE
Address: 3209 VIRGINIA AVENUE
City-St-Zip: FORT PIERCE, FL 34981

Title: D () Delete
Name: LEWIS, PAULA
Address: 2300 VIRGINIA AVE
City-St-Zip: FORT PIERCE, FL 34950

Title: D () Delete
Name: MILLER, R. ALLEN
Address: 2222 COLONIAL ROAD
City-St-Zip: FORT PIERCE, FL 34950

Title: D () Delete
Name: NERGARD, CHARLES
Address: 405 ABETO LANE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D () Delete
Name: MILLER, MICHELLE
Address: 8505 S. FEDERAL HIGHWAY
City-St-Zip: PORT ST. LUCIE, FL 34952

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: D (X) Change () Addition
Name: MATTHEWS, CHARLENE
Address: 265 SW PORT SAINT LUCIE BLVD SUITE 211
City-St-Zip: PORT ST. LUCIE, FL 34984

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: ANDRE HAWKINS

C

01/18/2008

Electronic Signature of Signing Officer or Director

Date