

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725670

FILED  
Mar 19, 2009  
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 (X) Delete  
Name: MATTHEWS, CHARLENE  
Address: 265 SW PORT SAINT LUCIE BLVD SUITE 211  
City-St-Zip: PORT ST. LUCIE, FL 34984

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

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

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

Title: D (X) Change ( ) Addition  
Name: DZADOVSKI, CHRIS  
Address: 2300 VIRGINIA AVE  
City-St-Zip: FORT PIERCE, FL 34950

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: ANDRE HAWKINS

MR

03/19/2009

Electronic Signature of Signing Officer or Director

Date