## 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#725670** 

FILED Feb 11, 2011 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

2501 SW BAYSHORE BLVD PORT SAINT LUCIE, FL 34984

Current Mailing Address: New Mailing Address:

2501 SW BAYSHORE BLVD PORT SAINT LUCIE, FL 34984

FEI Number: 59-1474012 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HAWKINS, ANDRE CHAIR 1136 SW GREENBRIAR COVE PORT ST. LUCIE, FL 34986 US

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:** 

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Name: PINKNEY, PADRICK A

Address: 145 N.W. CENTRAL PARK PLAZA City-St-Zip: PORT ST. LUCIE, FL 34986

Title: C

Name: HAWKINS, ANDRE
Address: 3209 VIRGINIA AVENUE
City-St-Zip: FORT PIERCE, FL 34981

Title:

 Name:
 LEWIS, PAULA

 Address:
 2300 VIRGINIA AVE

 City-St-Zip:
 FORT PIERCE, FL 34950

Title: SEC

Name: MILLER, R. ALLEN
Address: 2222 COLONIAL ROAD
City-St-Zip: FORT PIERCE, FL 34950

Title: [

Name: LINDA, BARTZ

Address: 121 SW PORT ST. LUCIE BLVD City-St-Zip: PORT ST LUCIE, FL 34984

Title: D

Name: SHELIA, DANIELS

Address: 348 SW PANTHER TERRACE 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: ANDRE HAWKINS D 02/11/2011