

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 734538

FILED
Apr 07, 2006
Secretary of State

Entity Name: SAINT LUCIE COUNTY CRIME PREVENTION LEAGUE, INC.

Current Principal Place of Business:

4700 WEST MIDWAY ROAD
FORT PIERCE, FL 34981 US

New Principal Place of Business:

Current Mailing Address:

4700 WEST MIDWAY ROAD
FORT PIERCE, FL 34981 US

New Mailing Address:

FEI Number: 59-1692460

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASCARA, KEN J
4700 WEST MIDWAY ROAD
FORT PIERCE, FL 34981 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 () Delete
Name: MASCARA, KEN J
Address: 4700 WEST MIDWAY ROAD
City-St-Zip: FORT PIERCE, FL 34981

Title: VP () Delete
Name: RADKE, WILLIAM
Address: 4700 WEST MIDWAY ROAD
City-St-Zip: FORT PIERCE, FL 34981

Title: D () Delete
Name: MONAHAN, MICHAEL
Address: 4700 WEST MIDWAY ROAD
City-St-Zip: FORT PIERCE, FL 34981

Title: D () Delete
Name: DIETRICH, KEVIN
Address: 4700 WEST MIDWAY ROAD
City-St-Zip: FORT PIERCE, FL 34981

Title: D () Delete
Name: GONSALVES, GARY
Address: 4700 WEST MIDWAY ROAD
City-St-Zip: FORT PIERCE, FL 34981

Title: D () Delete
Name: PARTIN, CINDY
Address: 4700 WEST MIDWAY ROAD
City-St-Zip: FORT PIERCE, FL 34981

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: VANDEVENTER, CHRIS
Address: 4700 WEST MIDWAY ROAD
City-St-Zip: FORT PIERCE, FL 34981

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:

I hereby certify that the information supplied with this filing does not qualify for the 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: CINDY PARTIN

D

04/07/2006

Electronic Signature of Signing Officer or Director

Date