2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# 734538

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 SHERIFF
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 SHERIFF	
Address:	4700 WEST MIDWAY ROAD	
City-St-Zip:	FORT PIERCE, FL 34981	
Title:	VP	( ) Delete
Name:	MONAHAN, MIKE MAJOR	
Address:	4700 WEST MIDWAY ROAD	
City-St-Zip:	FORT PIERCE, FL 34981	
Title:	D	( ) Delete
Name:	LONG, CINDY	
Address:	4700 WEST MIDWAY ROAD	
City-St-Zip:	FORT PIERCE, FL 34981	
Title:	D	( ) Delete
Name:	BERNERO, KRISTEN	
Address:	4700 WEST MIDWAY ROAD	
City-St-Zip:	FORT PIERCE, FL 34981	
Title:	D	( ) Delete
Name:	SHAW, DOROTHY	
Address:	4700 WEST MIDWAY ROAD	
City-St-Zip:	FORT PIERCE, FL 34981	
Title:	D	( ) Delete
Name:	LONG, TOBY	
Address:	4700 WEST MIDWAY RAOD	
City-St-Zip:	FORT PIERCE, FL 34981	

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:	( ) 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: TOBY LONG D 04/27/2009

Electronic Signature of Signing Officer or Director — Date