

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743419

FILED
Jan 15, 2009
Secretary of State

Entity Name: ST. LUCIE COUNTY ROCK & GEM CLUB, INC.

Current Principal Place of Business:

6901 HERITAGE DRIVE, #13
PORT SAINT LUCIE, FL 34952 US

New Principal Place of Business:

Current Mailing Address:

6901 HERITAGE DRIVE, #13
PORT SAINT LUCIE, FL 34952 US

New Mailing Address:

FEI Number: 59-1851088

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THEOBALD, MERI JO
3100 NE HEATHER CT
JENSEN BEACH, FL 34957 US

Name and Address of New Registered Agent:

HOLBERT, NORMAN A
455 SW BALFOUR AVENUE
PORT ST. LUCIE, FL 34953 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: NORMAN A. HOLBERT

01/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HOLBERT, NORMAN
Address: 455 SW BALFOUR AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: V () Delete
Name: POLLACK, HANNAH L
Address: 165 SW TODD AVENUE
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: T () Delete
Name: LEMIEUX, LINDA
Address: 175 U-VISTA CT.
City-St-Zip: FORT PIERCE, FL 34947

Title: S () Delete
Name: THEOBALD, MERI JO
Address: 3100 NE HEATHER CT.
City-St-Zip: JENSEN BEACH, FL 34957

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:

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: NORMAN A. HOLBERT

P

01/15/2009

Electronic Signature of Signing Officer or Director

Date