

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748112

FILED
Apr 06, 2007
Secretary of State

Entity Name: PORT ST. LUCIE ATHLETIC ASSOCIATION, INC.

Current Principal Place of Business:

346 NW IRVING ST
P.O. BOX 8056
PORT ST. LUCIE, FL 349858056 US

New Principal Place of Business:

346 NW IRVING ST
PORT ST. LUCIE, FL 34983 US

Current Mailing Address:

113 SW EYERLY AV.
P.O. BOX 8056
PORT ST. LUCIE, FL 349858056 US

New Mailing Address:

FEI Number: 59-2462937 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HUDMAN, DEWEY W MR
113 SW EYERLY AV.
PORT ST. LUCIE, FL 349832527 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: D () Delete
Name: WEISS, KAREN MS
Address: 515 NW MARION AVE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D () Delete
Name: GUDEMAN, MATTHEW J MR
Address: 413 SW MOLLOY ST
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: TD () Delete
Name: HUDMAN, DEWEY W MR
Address: 113 S.W. EYERLY AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: PD () Delete
Name: WEISS, MIKE MR
Address: 515 NW MARION AVE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: SD () Delete
Name: BAITSHOLTS, BEVERLY MS
Address: 2558 SE OAKLYN ST
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: D () Delete
Name: WALLACE, RAEANN MS
Address: 399 NE GRAN DEUR AVE
City-St-Zip: PORT SAINT LUCIE, FL 34983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: LYSHON, JOSEPH
Address: 5408 STATELY OAKS ST
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: DEWEY HUDMAN

TD

04/06/2007

Electronic Signature of Signing Officer or Director

Date