

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748112

FILED  
Mar 23, 2009  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

113 SW EYERLY AV.; PT ST LUCIE FL  
P.O. BOX 13766  
FORT PIERCE, FL 349793766 US

**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: CAUSBY, JOHN MR  
Address: 1871 SW RENFRO ST  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: D ( ) Delete  
Name: LICHTENFELS, TAMMY  
Address: 2991 SW VITTORIO ST  
City-St-Zip: PORT ST LUCIE, FL 34953

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: WALLACE, TODD MR  
Address: 399 GRANDUER TER  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: SD ( ) Delete  
Name: STINE, CHRISTA MS  
Address: 362 SW KESTOR DR  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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

Title: SD (X) Change ( ) Addition  
Name: NOWACKI, CHRISTA MS  
Address: 362 SW KESTOR DR  
City-St-Zip: PORT ST. LUCIE, FL 34953

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: DEWEY W HUDMAN

TD

03/23/2009

Electronic Signature of Signing Officer or Director

Date