


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90080 044 ****61.25

DOCUMENT # N00000004116 1. Entity Name ST. LUCIE COUNTY MASTER GARDENERS, INC.					
Principal Place of Business ST. LUCIE COUNTY SRV 8400 PICOS ROAD, SUITE 101 FORT PIERCE, FL 34945			Mailing Address ST. LUCIE COUNTY SRV 8400 PICOS ROAD, SUITE 101 FORT PIERCE, FL 34945		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0843489	
Zip		Country		5. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
NEAL, ANITA 8400 PICOS ROAD SUITE 101 FORT PIERCE, FL 34945				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HART, LAUIE S		NAME	LUX, SHARON	
STREET ADDRESS	2217 SE ADOBE ST		STREET ADDRESS	3059 CHARLES WAY	
CITY-ST-ZIP	PORT ST LUCIE, FL 34938		CITY-ST-ZIP	FT. PIERCE, FL 34946-8703	
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COFFMAN, JUDY		NAME	BABCOCK, SHARON	
STREET ADDRESS	2101 S.E. HARLOW ST.		STREET ADDRESS	261 MARINA DR	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952		CITY-ST-ZIP	FT. PIERCE, FL 34949-8816	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVANS, EDDIE		NAME	NANCE, INA	
STREET ADDRESS	107 S.W. LION LANE		STREET ADDRESS	6428 FRIENDLY CIR.	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34953		CITY-ST-ZIP	PORT ST. LUCIE, FL 34983-BD	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, MARILYN BAKER		NAME		
STREET ADDRESS	2592 SW ACACIA AVE		STREET ADDRESS		
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34987		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Eddie Evans <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2-14-05 772-771-6958 <small>Date Daytime Phone #</small>		