



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 8:00 am
Secretary of State

03-06-2006 90026 028 ****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.		01092006 Chg-NP CR2E037 (11/05)	
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 FL Zip Code	
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 <u>Anita Neal, Director</u> 3/1/06 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <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 NAME LUX, SHARON STREET ADDRESS 30 J9 CHARLES WAY CITY-ST-ZIP FORT PIERCE, FL 349468703	<input type="checkbox"/> Delete				
TITLE PD NAME BABCOCK, SHARON STREET ADDRESS 261 MARINA DR CITY-ST-ZIP FORT PIERCE, FL 349498816	<input type="checkbox"/> Delete				
TITLE TD NAME EVANS, EDDIE STREET ADDRESS 107 S.W. LION LANE CITY-ST-ZIP PORT ST. LUCIE, FL 34953	<input type="checkbox"/> Delete				
TITLE S NAME NANCE, INA STREET ADDRESS 6429 FRIENDLY CIR CITY-ST-ZIP PORT SAINT LUCIE, FL 349831303	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE PD NAME Babcock, Sharon STREET ADDRESS 261 Marina Dr. CITY-ST-ZIP Fort Pierce, FL 34949-8816	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE VD NAME Heddy Hercam STREET ADDRESS 8483 Lonesome Pine Trail CITY-ST-ZIP Fort Pierce, FL 34945-3108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE TD NAME Rita G. Finn STREET ADDRESS 239 NW Zanzibar Pl. CITY-ST-ZIP Port Saint Lucie, FL 34986	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
TITLE SD NAME John Ray STREET ADDRESS 212 E HARBOR AVE CITY-ST-ZIP Port Saint Lucie, FL 34952	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Rita G. Finn</u> Rita G. Finn 3/1/06 172-873-0495 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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ATTACHMENT

DOCUMENT # N00000004116						<div style="font-size: 2em; font-family: cursive;">40025224</div> <div style="background-color: black; width: 150px; height: 30px; margin-top: 10px;"></div>	
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		01092006 Chg-NP CR2E037 (11/05)			
City & State		City & State		4. FEI Number 65-0843489		Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	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="text-align: right;"> FL Zip Code </div>			
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SIGNATURE: <i>Anita Neal</i> Anita Neal, Director 3/1/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE			
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	PD LUX, SHARON <input checked="" type="checkbox"/> Delete 30 J9 CHARLES WAY FORT PIERCE, FL 349468703			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Babcock, Sharon 261 Marina Dr. Fort Pierce, FL 34949-8816		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete BABCOCK, SHARON 261 MARINA DR FORT PIERCE, FL 349498816			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HEDDY HERNANDEZ 8483 Lonesome Pine Trail FORT PIERCE, FL 34945-3108		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Delete EVANS, EDDIE 107 S.W. LION LANE PORT ST. LUCIE, FL 34953			TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Rita G. Finn 239 NW Zanzibar A. Port Saint Lucie, FL 34986-1754		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Delete NANCE, INA 6429 FRIENDLY CIR PORT SAINT LUCIE, FL 349831303			TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John Ray 312 E Arbor Ave Port Saint Lucie, FL 34952		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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SIGNATURE: <i>Rita G. Finn</i> Rita G. Finn 3/1/06 772-873-0495 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date Daytime Phone #			