


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

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	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent NEAL, ANITA 8400 PICOS ROAD SUITE 101 FORT PIERCE, FL 34945		DO NOT WRITE IN THIS SPACE
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> DATE _____		
Filing Fee is \$81.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U000000876223 04/11/08-80063-020 61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD YOUNGE, DERYL 3708 NIMBLEWILL CT PORT SAINT LUCIE, FL 34952	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LIBUHA, CATHERYN 4314 GATORTTRACE CIR. FORT PIERCE, FL 34982	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HERCAM, HEDDY 8483 LONESOME PINE TRL FT. PIERCE, FL 349433108	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FINN, RITA A 239 NW ZANZIBAR PL PORT SAINT LUCIE, FL 34986	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 A. Finn</u> <u>Rita G. Finn Treasurer</u> <u>3/26/08</u> <u>772.873.0495</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		