

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004116

FILED
Jan 15, 2009
Secretary of State

Entity Name: ST. LUCIE COUNTY MASTER GARDENERS, INC.

Current Principal Place of Business:

ST. LUCIE COUNTY SRV
8400 PICOS ROAD, SUITE 101
FORT PIERCE, FL 34945

New Principal Place of Business:

Current Mailing Address:

ST. LUCIE COUNTY SRV
8400 PICOS ROAD, SUITE 101
FORT PIERCE, FL 34945

New Mailing Address:

FEI Number: 65-0843489

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEAL, ANITA
8400 PICOS ROAD
SUITE 101
FORT PIERCE, FL 34945 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: VD () Delete
Name: YOUNGE, DERYL
Address: 3708 NIMBLEWILL CT
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: SD () Delete
Name: LIBUHA, CATHERYN
Address: 4314 GATORTFACE CIR.
City-St-Zip: FORT PIERCE, FL 34982

Title: PD () Delete
Name: HERCAM, HEDDY
Address: 8483 LONESOME PINE TRL
City-St-Zip: FT. PIERCE, FL 349433108

Title: TD () Delete
Name: FINN, RITA A
Address: 239 NW ZANZIBAR PL
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: YOUNGE, DERYL
Address: 3708 NIMBLEWILL CT
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: VD (X) Change () Addition
Name: GERARDY, RICHARD
Address: 1615 SE PORTILLO RD.
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: SD (X) Change () Addition
Name: MENDELSON, JUDY
Address: 304 NW CLEARVIEW CT
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: TD (X) Change () Addition
Name: MULLEN, CAROL A
Address: 1990 SE CAMDEN ST.
City-St-Zip: PORT SAINT LUCIE, FL 34952

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: CAROL A. MULLEN

TD

01/15/2009

Electronic Signature of Signing Officer or Director

Date