

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004116

FILED  
Mar 20, 2012  
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: PD  
Name: WILLIAMS, CAROLE ANN  
Address: 849 SE CHALOUPPE AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: VD  
Name: FINN, RITA  
Address: 239 NW ZANZIBAR PLACE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: SD  
Name: BIRD, GAIL  
Address: 1108 SE MITCHELL AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: TD  
Name: SCHNEIDER, SHEILA F  
Address: 5820 NW GERALD CIRCLE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

I hereby 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 all other like empowered.

SIGNATURE: SHEILA F SCHNEIDER

TD

03/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date