

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90321 021 ****61.25

DOCUMENT # N00000004929

1. Entity Name
**ECONOMIC DEVELOPMENT COUNCIL OF ST. LUCIE
COUNTY, INC.**



Principal Place of Business
**500 N.W. CALIFORNIA BLVD
115
PORT SAINT LUCIE, FL 34986**

Mailing Address
**P.O. BOX 880143
PORT SAINT LUCIE, FL 34988-0143**

50025230



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02152005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
65-1058626

Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROOT, DONALD E
500 N.W. CALIFORNIA BLVD
STE 115
PORT SAINT LUCIE, FL 34986**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 **S** ☒ Delete
NAME **KELLY-BROWN, SHARON**
STREET ADDRESS **950 S.W. BAYSHORE BLVD**
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34983**

TITLE **S** ☐ Change ☒ Addition
NAME **JEAN LARSEN**
STREET ADDRESS **PO BOX 8716**
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34985**

TITLE **V** ☐ Delete
NAME **AULD, JOHN**
STREET ADDRESS **1100 ST. LUCIE WEST BLVD**
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34986**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **ROBITAILLE, MARK**
STREET ADDRESS **PO BOX 9010**
CITY-ST-ZIP **STUART, FL 34995**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PE** ☒ Delete
NAME **HOWARD, RUDY**
STREET ADDRESS **8495 SO. US 1**
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34952**

TITLE **PE** ☐ Change ☒ Addition
NAME **JOHN DONAHUE**
STREET ADDRESS **2222 COLONIAL RD, SUITE 201**
CITY-ST-ZIP **FORT PIERCE, FL 34950**

TITLE **T** ☒ Delete
NAME **BELLER, SAM**
STREET ADDRESS **1100 S.W. ST. LUCIE WEST BLVD**
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34986**

TITLE **T** ☐ Change ☒ Addition
NAME **THOM JONES**
STREET ADDRESS **1100 SW ST. LUCIE WEST BLVD.**
CITY-ST-ZIP **PORT ST. LUCIE, FL 34986**

TITLE **PP** ☒ Delete
NAME **CANTRELL, GARY**
STREET ADDRESS **1800 TIFFANY AVE**
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34952**

TITLE **PP** ☐ Change ☒ Addition
NAME **JIM MCKENZIE**
STREET ADDRESS **PO BOX 7445**
CITY-ST-ZIP **PORT SAINT LUCIE, FL 34985**

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: *Don Root*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DON ROOT, EXECUTIVE DIRECTOR

3/8/05

Date

772-879-4144

Daytime Phone #