

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 8:00 am
Secretary of State

01-17-2006 90260 007 ****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
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20001344



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01052006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-1058626	Applied For Not Applicable
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	
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 _____ (NOTE: Registered Agent signature required when reinstating) 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LARSEN, JEAN P. O BOX 8716 PORT SAINT LUCIE, FL 34985 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TOM PENTZ LAWNWOOD REG. MED. CTR., 1700 So. 23rd ST FORT PIERCE, FL 34950 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AULD, JOHN 1100 ST. LUCIE WEST BLVD PORT SAINT LUCIE, FL 34986 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAVE SKILES FIRST PEOPLES BANK, 1301 SE PORT ST. LUCIE BLVD PORT ST. LUCIE, FL 34958 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROBITAILLE, MARK PO BOX 9010 STUART, FL 34995 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP MARK ROBITAILLE STUART, FL 34995 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE DONAHUE, JOHN 2222 COLONIAL RD SUITE 201 FORT PIERCE, FL 34950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JOHN DONAHUE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES, THOM 1100 S W ST LUCIE STREET PORT SAINT LUCIE, FL 34986 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PE THOM JONES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP MCKENZIE, JIM P.O BOX 7445 PORT SAINT LUCIE, FL 34985 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NATE GRAY ASSET SPECIALISTS, 2242 Metrol Centre Blvd WEST PALM BEACH, FL 33407 <input type="checkbox"/> Change <input checked="" 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: Donald E. Root **772 879-4144**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #