

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90004 048 \*\*\*\*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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182007 Chg-NP CR2E037 (12/06)

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  
**LARRY L. PELTON PRESIDENT**  
Street Address (P.O. Box Number is Not Acceptable)  
**500 NW CALIFORNIA BLVD, STE 115**  
City  
**PORT SAINT LUCIE** FL Zip Code  
**34986**

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

**2/12/07**

**Filing Fee is \$61.25  
Due by May 1, 2007**

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
PENTZ, TOM  
LAWNWOOD REG MED CRT 1700 S 23 ST  
FORT PIERCE, FL 34950** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**V  
SKILES, DAVE  
1ST PEOPLES BNK, 1301 SE PT ST LUCIE BLVD  
PORT SAINT LUCIE, FL 34952** ☐ Delete

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PC  
MARK ROBITAILLE  
MMHS, PO BOX 9010  
STUART, FL 34995** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
DONAHUE, JOHN  
2222 COLONIAL RD SUITE 201  
FORT PIERCE, FL 34950** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PE  
JONES, THOM  
1100 S W ST LUCIE STREET  
PORT SAINT LUCIE, FL 34986** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CE  
JONES, THOM  
9698 So. U.S. HIGHWAY 1-SEACOAST NAT'L  
PORT ST LUCIE, FL 34952** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PP  
BRAY, NATE  
ASSET SPEC. 2242 METRO CENTRE BLVD  
WEST PALM BEACH, FL 33407** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**T  
BRAY, NATE  
ASSET SPEC. 2242 METROCENTRE BLVD  
WEST PALM BEACH, FL 33407** ☒ Change ☐ 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:**

*John C. Root*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #