

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90072 024 ****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 # 1850 SW Fountainview Blvd Suite, Apt. #, etc. Suite 205		3. Mailing Address 1850 SW Fountainview Blvd Suite, Apt. #, etc. Suite 205	
City & State Port St Lucie		City & State Port St Lucie	
Zip 34986	Country	Zip 34986	Country
4. FEI Number 65-1058626		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PELTON, LARRY L 500 N.W. CALIFORNIA BLVD STE 115 PORT SAINT LUCIE, FL 34986		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1850 SW Fountainview Blvd Suite 205 City Port St Lucie <div style="display: inline-block; width: 100px; text-align: center;"> FL </div> <div style="display: inline-block; width: 100px; text-align: center;"> 34986 </div>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: center;"> Harry L. Pelton <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> DATE </div> </div>			
Filing Fee is \$61.25 Due by May 1, 2008		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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	S PENTZ, TOM LAWNWOOD REG MED CRT 1700 S 23 ST FORT PIERCE, FL 34950	TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SKILES, DAVE 1ST PEOPLES BNK, 1301 SE PT ST LUCIE BLVD PORT SAINT LUCIE, FL 34952	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chair Elect <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC ROBITAILLE, MARK PO BOX 9010 STUART, FL 34995	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C DONAHUE, JOHN 2222 COLONIAL RD SUITE 201 FORT PIERCE, FL 34950	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CE JONES, THOM 9698 S. US HIGHWAY 1 SEACOAST NAT. PORT SAINT LUCIE, FL 34952	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chair <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRAY, NATE ASSET SPEC. 2242 METRO CENTRE BLVD WEST PALM BEACH, FL 33407	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input checked="" type="checkbox"/> Change <input 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Harry L. Pelton <small>Date</small>	
		772-879-4144 <small>Daytime Phone #</small>	