

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004929

FILED
Apr 23, 2009
Secretary of State

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

Current Principal Place of Business:

1850 SW FOUNTAIN VIEW BLVD
SUITE 205
PORT SAINT LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

1850 SW FOUNTAIN VIEW BLVD
SUITE 205
PORT SAINT LUCIE, FL 34986

New Mailing Address:

FEI Number: 65-1058626

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PELTON, LARRY L
1850 SW FOUNTAIN VIEW BLVD
STE 205
PORT SAINT LUCIE, FL 34986 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: T () Delete
Name: PENTZ, TOM
Address: LAWNWOOD REG MED CRT 1700 S 23 ST
City-St-Zip: FORT PIERCE, FL 34950

Title: CE () Delete
Name: SKILES, DAVE
Address: 1ST PEOPLES BNK, 1301 SE PT ST LUCIE BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: CHAI () Delete
Name: JONES, THOM
Address: 9698 S. US HIGHWAY 1 SEACOAST NAT.
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: S () Delete
Name: BRAY, NATE
Address: ASSET SPEC. 2242 METRO CENTRE BLVD
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: BUSBY, TIM
Address: 2810 SO. FEDERAL HIGHWAY
City-St-Zip: FORT PIERCE, FL 34982

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: NATE BRAY

SEC

04/23/2009

Electronic Signature of Signing Officer or Director

Date