

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2002 8:00 am
Secretary of State

04-23-2002 90404 010 ****61.25

DOCUMENT # N01000001490

1. Entity Name

SOROPTIMIST INTERNATIONAL OF ST. LUCIE, FLORIDA, INC.

Principal Place of Business

Mailing Address

PO BOX 7131
 PORT LUCIE FL 34985

PO BOX 7131
 PORT LUCIE FL 34985

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

23-0343118

Applied For

Not Applicable

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

Name

Deborah Fiske

Street Address (P.O. Box Number is Not Acceptable)

1586 S Neimeyer Circle

City

Port St Lucie

FL

Zip Code

34952

FISKE, DEBORA

~~3211 N.W. FEDERAL HWY~~ **PO. Box 7131**
~~JENSEN BEACH FL 34957~~ **Port St Lucie, Fla**
34985

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HEISLER, PHYLLIS	
STREET ADDRESS	8030 S.E. COLONY DRIVE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAY, REBA	
STREET ADDRESS	4703 BUCHABAB DRIVE	
CITY-ST-ZIP	FT. PIERCE FL 34982	
TITLE	D	<input type="checkbox"/> Delete
NAME	BALDWIN, PATRICIA A	
STREET ADDRESS	10101 SPY GLASS LANE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34988	
TITLE	P	<input type="checkbox"/> Delete
NAME	FISKE, DEBORA	
STREET ADDRESS	3211 N.W. FEDERAL HWY	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BORDWELL, EVELYN	
STREET ADDRESS	700 S.E. CENTRAL PKWY	
CITY-ST-ZIP	STUART FL 34994	
TITLE	T	<input type="checkbox"/> Delete
NAME	ZOFREA, HILDA	
STREET ADDRESS	2434 N.E. MYRTLE STREET	
CITY-ST-ZIP	JENSEN BEACH FL 34957	

TITLE	3	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Powell, Evelyn	
STREET ADDRESS	102 Nw Peach St.	
CITY-ST-ZIP	Port St. Lucie, FL 34983	
TITLE	1	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lay, Reba	
STREET ADDRESS	4703 Buchanan Dr.	
CITY-ST-ZIP	St. Pierce, FL 34982	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Fiske, Debora	
STREET ADDRESS	1586 S. Neimeyer Circle	
CITY-ST-ZIP	Port St. Lucie, FL 34952	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carreiro, Kimberly	
STREET ADDRESS	2102 SE Erwin Rd.	
CITY-ST-ZIP	Port St. Lucie, FL 34952	
TITLE	D.V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zofrea, Hilda	
STREET ADDRESS	2434 N.E. Myrtle St.	
CITY-ST-ZIP	Jensen Beach FL 34957	

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 links empowered.

SIGNATURE: **Reba Lay**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-02 **561-468-9157**
 Date Daytime Phone #

CR2E037 (9/01)