


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90065 022 ****61.25

DOCUMENT # N01000001490

1. Entity Name
SOROPTIMIST INTERNATIONAL OF ST. LUCIE, FLORIDA, INC.



Principal Place of Business
**PO BOX 7131
 PORT LUCIE, FL 34985**

Mailing Address
**PO BOX 7131
 PORT LUCIE, FL 34985**

94038173



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

03032004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent
**FISKE, DEBORA
 1586 S NEIMEYER CIRCLE
 PO BOX 7131
 PORT SAINT LUCIE, FL 34952**

7. Name and Address of New Registered Agent
 Name **Kimberly Carreiro**
 Street Address (P.O. Box Number is Not Acceptable) **2162 SE ERWIN Rd**
P.O. Box 7131
 City **Port St Lucie** FL Zip Code **34952**

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 *Kimberly Carreiro President* DATE 3/26/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Filing Fee is \$61.25 Due by May 1, 2004

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FISKE, DEBORA	
STREET ADDRESS	1586 S. NEIMEYER CIR	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CARREIRO, KIMBERLY	
STREET ADDRESS	2162 SE ERWIN RD	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ZOFREA, HILDA	
STREET ADDRESS	2434 NE MYRTLE ST	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	FISKE, DEBORA	
STREET ADDRESS	1586 S NEIMEYER CIRCLE	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34952	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, PAM	
STREET ADDRESS	245 SW N. WAKEFIELD CIRCLE	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34953	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	RASKI, CAROLINE	
STREET ADDRESS	2284 SE SEAFURRY LANE	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carreiro, Kimberly	
STREET ADDRESS	2162 SE ERWIN Rd	
CITY-ST-ZIP	Port St Lucie, FL 34952	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Evelyn West	
STREET ADDRESS	2502 SE King Arthur Court	
CITY-ST-ZIP	Port St Lucie, FL 34952	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sonja Davis	
STREET ADDRESS	2482 SE Victory Ave	
CITY-ST-ZIP	Port St Lucie, FL 34952	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S Pamela Jones	
STREET ADDRESS	245 Wakefield Circle	
CITY-ST-ZIP	Port St Lucie, FL 34953	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hilda Zofrea	
STREET ADDRESS	591 SW Lake Charles Cir	
CITY-ST-ZIP	Port St Lucie, FL 34986	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Debra Lay	
STREET ADDRESS	418 NW Dover Ct	
CITY-ST-ZIP	Port St Lucie, FL 34983	

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 like empowered.

SIGNATURE *Sonja Davis Treasurer* DATE 3/26/04 DAYTIME PHONE # 883-8201
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

SONJA DAVIS