

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001490

FILED
Apr 24, 2006
Secretary of State

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

Current Principal Place of Business:

PO BOX 7131
PORT LUCIE, FL 34985

New Principal Place of Business:

Current Mailing Address:

PO BOX 7131
PORT LUCIE, FL 34985

New Mailing Address:

FEI Number: 23-0343118 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARREIRO, KIMBERLY
2162 SE ERWIN RD.
PO BOX 7131
PORT SAINT LUCIE, FL 34952 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: S () Delete
Name: DEJOIE, CHERY G
Address: 109 NW ROCKBRIDGE CT
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: VP () Delete
Name: WEST, EVELYN
Address: 2502 SE KING ARTHUR COURT
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: T () Delete
Name: DAVIS, SONJA
Address: 2482 SE VICTORY AVE.
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: S (X) Delete
Name: JONES, PAMELA
Address: 245 WAKEFIELD CIR.
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: D (X) Delete
Name: DIXON, CHARMAINE
Address: 306 CROSSPOINT DR
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D (X) Delete
Name: HARTLEY, EASTER
Address: 269 SW STERRET CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DEJOIE, CHERY G
Address: 109 NW ROCKBRIDGE CT
City-St-Zip: PORT SAINT LUCIE, FL 34986

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

Title: T (X) Change () Addition
Name: PAMELA, JONES
Address: 245 SW N WAKEFIELD CIRCLE
City-St-Zip: PORT ST LUCIE, FL 34953

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 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: PAMELA JONES

T

04/24/2006

Electronic Signature of Signing Officer or Director

_____ Date