

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001490

FILED
Apr 23, 2007
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:

109 ROCKBRIDGE CRT
PORT ST LUCIE, FL 34986

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:

JONES, PAMELA
245 SW N WAKEFIELD CIR
PORT SAINT LUCIE, FL 34953 US

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: PAMELA JONES

04/23/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () 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: PAMELA, JONES
Address: 245 SW N WAKEFIELD CIRCLE
City-St-Zip: PORT ST LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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04/23/2007

Electronic Signature of Signing Officer or Director

Date