

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90029 012 ****61.25



DOCUMENT # N01000001490			
1. Entity Name SOROPTIMIST INTERNATIONAL OF ST. LUCIE, FLORIDA, INC.			
Principal Place of Business 109 ROCKBRIDGE CRT PORT ST LUCIE, FL 34986		Mailing Address PO BOX 7131 PORT LUCIE, FL 34985	
2. Principal Place of Business - No P.O. Box # 591 SW LAKE CHARLES CIR Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State PORT ST. LUCIE, FL		City & State	
Zip 34986		Country	
4. FEI Number 23-0343118		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JONES, PAMELA 245 SW N WAKEFIELD CIR PORT SAINT LUCIE, FL 34953		7. Name and Address of New Registered Agent Name HILDA ZOFREA Street Address (P.O. Box Number is Not Acceptable) 591 SW LAKE CHARLES CIRCLE City PORT ST. LUCIE FL Zip Code 34986	
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 <u>HILDA ZOFREA, TREASURER</u> Signature, typed or printed name of registered agent and title if applicable.		<u>Hilda Zofrea</u> (NOTE: Registered Agent signature required when reinstating)	<u>3/26/08</u> DATE
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEJOIE, CHERY G 109 NW ROCKBRIDGE CT PORT SAINT LUCIE, FL 34986 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAULA ZERBY 3025 SW ANN ARBOR RD PORT ST. LUCIE, FL 34953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WEST, EVELYN 2502 SE KING ARTHUR COURT PORT SAINT LUCIE, FL 34952 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUTH DAVIS 517 NORTH 15TH STREET FORT PIERCE, FL 34952 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PAMELA, JONES 245 SW N WAKEFIELD CIRCLE PORT ST LUCIE, FL 34953 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HILDA ZOFREA 591 SW LAKE CHARLES CIR PORT ST. LUCIE, FL 34986 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Hilda Zofrea</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<u>HILDA ZOFREA</u>	<u>3/26/08</u> Date
			<u>772-225-4222</u> Daytime Phone #

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