

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 18, 2009
Secretary of State**

DOCUMENT# N01000001490

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

Current Principal Place of Business:

591 SW LAKE CHARLES CIR
PORT SAINT LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

PO BOX 7131
PORT LUCIE, FL 34985

New Mailing Address:

FEI Number: 65-0606025 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ZOFREA, HILDA
591 SW LAKE CHARLES CIRCLE
PORT SAINT LUCIE, FL 34986 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: P () Delete
Name: ZERBY, PAULA
Address: 3025 SW ANN ARBOR RD
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: VP () Delete
Name: DAVIS, RUTH
Address: 517 NORTH 15TH STREET
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: T () Delete
Name: ZOFREA, HILDA
Address: 591 SW LAKE CHARLES CIR
City-St-Zip: PORT SAINT LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NAGLREITER, DONNA
Address: 21 WEST HARBOUR ISLES DR #303
City-St-Zip: FORT PIERCE, FL 34994

Title: VP (X) Change () Addition
Name: KERNS, PATRICIA
Address: 226 SW THORNHILL DR
City-St-Zip: PORT SAINT LUCIE, FL 34984

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

I hereby certify that the information supplied with this filing does not qualify 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: HILDA ZOFREA

T

04/18/2009

Electronic Signature of Signing Officer or Director

_____ Date