

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001490

FILED  
Mar 03, 2010  
Secretary of State

**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 ( )

**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  
Name: DAVIS, RUTH  
Address: 1223 E WEATHERBEE ROAD, #11  
City-St-Zip: FORT PIERCE, FL 34952

Title: VP  
Name: DAVIS, SONJA  
Address: 2482 SE VICTORY AVENUE  
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: T  
Name: NAGLREITER, DONNA  
Address: 21 HARBOUR ISLE DR WEST #303  
City-St-Zip: FORT PIERCE, FL 34949

I hereby 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 all other like empowered.

SIGNATURE: DONNA NAGLREITER

TREA

03/03/2010

Electronic Signature of Signing Officer or Director

Date