

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001490

FILED
Mar 25, 2012
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: BROWN, ESTELLE
Address: 1565 SO. BALCOURT COURT
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: VP
Name: PIACESI, MARY LOU
Address: 284 NW TOSCANE TRAIL
City-St-Zip: PORT SAINT LUCIE, FL 34986

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

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: HILDA ZOFREA

T

03/25/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date