

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Apr 02, 2003 8:00 am
Secretary of State

04-02-2003 90083 031 ****61.25

0090039

DOCUMENT # NO1000001490

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



Principal Place of Business: **PO BOX 7131 PORT LUCIE FL 34985**

Mailing Address: **PO BOX 7131 PORT LUCIE FL 34985**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State: _____

City & State: _____

Zip: _____ Country: _____

Zip: _____ Country: _____

4. FEI Number **23-0343118** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

FISKE, DEBORA
1586 S NEIMEYER CIRCLE
PO BOX 7131
PORT SAINT LUCIE FL 34952

7. Name and Address of New Registered Agent

Name: _____

Street Address (P.O. Box Number is Not Acceptable): _____

City: _____ **FL** Zip Code: _____

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: _____ (NOTE: Registered Agent signature required when reinstating)

DATE: _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	S POWELL, EVELYN	<input type="checkbox"/> Delete
STREET ADDRESS	102 NW PEACH ST	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34983	
TITLE NAME	T LAY, REBA	<input type="checkbox"/> Delete
STREET ADDRESS	4703 BUCHABAB DRIVE	
CITY-ST-ZIP	FT PIERCE FL 34982	
TITLE NAME	D BALDWIN, PATRICIA A	<input type="checkbox"/> Delete
STREET ADDRESS	10101 SPY GLASS LANE	
CITY-ST-ZIP	PORT ST. LUCIE FL 34986	
TITLE NAME	P FISKE, DEBORA	<input type="checkbox"/> Delete
STREET ADDRESS	1586 S NEIMEYER CIRCLE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE NAME	D CARREIRO, KIMBERLY	<input type="checkbox"/> Delete
STREET ADDRESS	2162 SE ERWIN RD	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34952	
TITLE NAME	DV ZOFREA, HILDA	<input type="checkbox"/> Delete
STREET ADDRESS	2434 N.E. MYRTLE STREET	
CITY-ST-ZIP	JENSEN BEACH FL 34957	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	FISKE, DEBORA -DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1586 S NEIMEYER CIRCLE	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	
TITLE NAME	CARREIRO, KIMBERLY -VP/ DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2162 SE ERWIN RD.	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	
TITLE NAME	ZOFREA, HILDA - PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2434 NE MYRTLE STREET	
CITY-ST-ZIP	JENSEN BEACH, FL 34957	
TITLE NAME	JONES, PAMELA - DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	9584 S; FEDERAL HWY.	
CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: HILDA ZOFREA **REQUIRED** HILDA ZOFREA 3/4/03 (772) 225-4222

CR2E037 (10/02)