


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2004 8:00 am**  
**Secretary of State**

04-27-2004 90096 031 \*\*\*\*61.25

<b>DOCUMENT # N01000004299</b> 1. Entity Name <b>SAINT LUCIE TREATMENT, EDUCATION AND PREVENTION PROGRAMS INC.</b>					
Principal Place of Business <b>748 JENSEN BEACH BLVD. JENSEN BEACH FL 34957</b>			Mailing Address <b>748 JENSEN BEACH BLVD. JENSEN BEACH FL 34957</b>		
2. Principal Place of Business <b>740 Jensen Beach Blvd</b> Suite, Apt. #, etc.		3. Mailing Address <b>740 Jensen Beach Blvd</b> Suite, Apt. #, etc.			
City & State <b>Jensen Beach, FL</b> Zip <b>34957</b> Country <b>Martin</b>		City & State <b>Jensen Beach, FL</b> Zip <b>34957</b> Country <b>Martin</b>		4. FEI Number <b>03-0384706</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				6. Name and Address of Current Registered Agent <b>THOMPSON, ROBERT R 10980 S. OCEAN DRIVE JENSEN BEACH FL 34957</b>	
7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MAYER, TIMOTHY</b> <b>1651 SW ANGLICO LANE</b> <b>PORT ST. LUCIE FL 34984</b> <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	<b>D</b> <b>BAUGHMAN, JAMES C</b> <b>1623A LAUREL LEAF LANE</b> <b>FT. PIERCE FL 34950</b> <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	<b>D</b> <b>GAWLAK, NEIL R</b> <b>4609 MAGNOLIA DR.</b> <b>FT. PIERCE FL 34982</b> <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	<b>D</b> <b>THOMPSON, ROBERT R</b> <b>10980 S. OCEAN DRIVE</b> <b>JENSEN BEACH FL 34957</b> <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	
<b>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.</b>					
<b>SIGNATURE: Robert R. Thompson</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>4/26/04</b> <b>772-370-9879</b> <small>Date Daytime Phone #</small>		