2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000005848

FILED Jan 06, 2005 Secretary of State

Entity Na	me: THE DRE	EAM TEAM OF ST. LUCIE CO	UNTY, INC.	·
Current Principal Place of Business:			New Principal Place of Business:	
	NESSEE AVE RCE, FL 3495	50		
Current Mailing Address:			New Mailing Address:	
	NESSEE AVE RCE, FL 3495	50		
FEI Number	: 59-3738323	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
1003 TEN	I, EVANGELIN NESSEE AVE RCE, FL 3495			
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,
SIGNATU	RE:			
Electronic Signature of Registered Age			ent	Date
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (GRISSOM, EV 1003 TENNES FORT PIERCE	SEE AVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D (TAYLOR, JOAN 10632 PINE CO FORT PIERCE	ONE LANE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	BACHELOR, JA 7234 MARSH T		Title: Name: Address: City-St-Zip:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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: EVANGELINE GRISSOM P 01/06/2005