

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000684

FILED  
Apr 30, 2007  
Secretary of State

Entity Name: FRIENDS OF ST. LUCIE COUNTY PUBLIC HEALTH, INC.

## Current Principal Place of Business:

5150 MILNER DR  
PORT ST LUCIE, FL 34983

## New Principal Place of Business:

## Current Mailing Address:

5150 MILNER DR  
PORT ST LUCIE, FL 34983

## New Mailing Address:

FEI Number: 76-0730483

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HARRIS, JAMES S  
5150 MILNER DRIVE  
PORT SAINT LUCIE, FL 34983 US

## Name and Address of New Registered Agent:

HARRIS, JAMES S  
5150 N W MILNER DRIVE  
PORT SAINT LUCIE, FL 34983 US

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:

04/30/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HALL, ARLEANE  
Address: 5150 MILNAR DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: TD ( ) Delete  
Name: HARRIS, JAMES S  
Address: 5150 MILNER DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D ( ) Delete  
Name: HOFFNER, WILLIAM  
Address: 502 MAYFLOWER LN  
City-St-Zip: FT PIERCE, FL 34950

Title: DS ( ) Delete  
Name: SNURE, HELGA  
Address: 5150 MILNER DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D ( ) Delete  
Name: LARRY, LEE  
Address: 5150 MILNER DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HALL, ARLEANE  
Address: 5150 NW MILNER DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: TSD (X) Change ( ) Addition  
Name: HARRIS, JAMES S  
Address: 5150 NW MILNER DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: SNURE, HELGA  
Address: 5150 MILNER DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JAMES HARRIS

ST

04/30/2007

Electronic Signature of Signing Officer or Director

Date