

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000684

FILED
Mar 13, 2012
Secretary of State

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

Current Principal Place of Business:

5150 NW MILNER DR
PORT ST LUCIE, FL 34983

New Principal Place of Business:

5707 MYRTLE DRIVE
FORT PIERCE, FL 34983

Current Mailing Address:

5150 NW MILNER DR
PORT ST LUCIE, FL 34983

New Mailing Address:

5707 MYRTLE DRIVE
FORT PIERCE, FL 34983

FEI Number: 76-0730483

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HARRIS, JAMES S
5707 MYRTLE DRIVE
FORT PIERCE, 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: JAMES HARRIS

03/13/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: JAMES, HARRIS
Address: 5150 NW MILNER DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: SD
Name: SUNDERWIRTH, DIANNE PH.D
Address: 602 SW LAKE CHARLES CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: TD
Name: LEE, JOHN REV.
Address: 5150 NW MILNER DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D
Name: HALL, ARLEASE
Address: 5150 NW MILNER DRIVE
City-St-Zip: FT PIERCE, FL 34983

Title: D
Name: LARRY, LEE J RN
Address: 5150 NW MILNER DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D
Name: ROBERTS, JAMES MD
Address: 2100 NEBRASKA AVE SUITE 205
City-St-Zip: FORT PIERCE, FL 34950 US

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: JAMES HARRIS

PD

03/13/2012

Electronic Signature of Signing Officer or Director

Date