

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N03000002962**

1. Entity Name

PORT ST. LUCIE CARNAVAL ASSOCIATION, INC.



Principal Place of Business

157 SE LAKE HURST DRIVE  
PORT ST. LUCIE FL 34983

Mailing Address

POST OFFICE BOX 8641  
PORT ST. LUCIE FL 34985



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

City & State

1st MOORE

CR2E037 (10/06)

Zip

Country

Zip

Country

4. FEI Number

58-2667389

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

THOMAS-VIRGO, MAYBEL A  
157 SE LAKE HURST DRIVE  
PORT ST. LUCIE FL 34983

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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 D ☐ Delete  
NAME THOMAS-VIRGO, MAYBEL A  
STREET ADDRESS 157 SE LAKE HURST DRIVE  
CITY-STATE-ZIP PORT ST. LUCIE FL 34983

TITLE AD ☐ Delete  
NAME GARDNER, JENNIFER  
STREET ADDRESS 2221 GOWIN DR SE  
CITY-STATE-ZIP PORT SAINT LUCIE FL 34952

TITLE TD ☐ Delete  
NAME BULAN-COLEMAN, DOROTHY  
STREET ADDRESS 5709 BUCHANAN DR  
CITY-STATE-ZIP FORT PIERCE FL 34982

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS U00000642291  
CITY-STATE-ZIP 03/01/07-80037-011 61.25

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Maybel A. Virgo, Director*

02/15/2007 672 871-7740