

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

**FILED**  
**Feb 24, 2004 8:00 am**  
**Secretary of State**

02-24-2004 90004 016 \*\*\*\*61.25

**DOCUMENT # N03000005467**

1. Entity Name

**THE PORT ST. LUCIE FESTIVAL LIGHTS COMMITTEE  
INC.**



Principal Place of Business

C/O COMMUNITY RELATIONS DEPT  
121 SW PORT ST LUCIE BLVD  
PORT ST LUCIE FL 34984

Mailing Address

C/O COMMUNITY RELATIONS DEPT  
121 SW PORT ST LUCIE BLVD  
PORT ST LUCIE FL 34984

**J4040000**



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**30-0202585**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**COOK, FREDERICK  
1552 SE LANDER ST  
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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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 **COOK, FREDERICK**  
STREET ADDRESS **1552 SE LANDER ST**  
CITY-ST-ZIP **PORT ST LUCIE FL 34983**

TITLE **D** ☐ Delete  
NAME **VALE, VICTOR**  
STREET ADDRESS **3100 SE PRUITT RD**  
CITY-ST-ZIP **PORT ST LUCIE FL 34983**

TITLE **D** ☐ Delete  
NAME **THOMAS, EARL**  
STREET ADDRESS **802 SE WALTER TER.**  
CITY-ST-ZIP **PORT ST LUCIE FL 34983**

TITLE **D** ☐ Delete  
NAME **ZOBAY, JOSEPH**  
STREET ADDRESS **1756 FAIRFIELD ST**  
CITY-ST-ZIP **PORT ST LUCIE FL 34983**

TITLE **D** ☐ Delete  
NAME **CLEMENTS, MARTHA**  
STREET ADDRESS **4311 SE BRITTNEY CT**  
CITY-ST-ZIP **PORT ST LUCIE FL 34952**

TITLE **D** ☐ Delete  
NAME **FERRARA, MICHAEL**  
STREET ADDRESS **1491 ASHVILLE COURT**  
CITY-ST-ZIP **PORT ST LUCIE FL 34952**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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.

**SIGNATURE: Frederick Cook FREDERICK COOK 2/9/04 (112) 879.4262**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #