

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 # N0300005467

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

30-0202585

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COOK, FREDERICK
1552 SE LANDER ST
PORT ST LUCIE FL 34983

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	COOK, FREDERICK	
STREET ADDRESS	1552 SE LANDER ST	
CITY-ST-ZIP	PORT ST LUCIE FL 34983	
TITLE	D	<input type="checkbox"/> Delete
NAME	VALE, VICTOR	
STREET ADDRESS	3100 SE PRUITT RD	
CITY-ST-ZIP	PORT ST LUCIE FL 34983	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, EARL	
STREET ADDRESS	802 SE WALTER TER.	
CITY-ST-ZIP	PORT ST LUCIE FL 34983	
TITLE	D	<input type="checkbox"/> Delete
NAME	ZOBAY, JOSEPH	
STREET ADDRESS	1756 FAIRFIELD ST	
CITY-ST-ZIP	PORT ST LUCIE FL 34983	
TITLE	D	<input type="checkbox"/> Delete
NAME	CLEMENTS, MARTHA	
STREET ADDRESS	4311 SE BRITNEY CT	
CITY-ST-ZIP	PORT ST LUCIE FL 34952	
TITLE	D	<input type="checkbox"/> Delete
NAME	FERRARA, MICHAEL	
STREET ADDRESS	1491 ASHVILLE COURT	
CITY-ST-ZIP	PORT ST LUCIE FL 34952	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 (772) 879-4262

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #