



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90032 034 ****70.00

DOCUMENT # N03000005467					
1. Entity Name THE PORT ST. LUCIE FESTIVAL OF 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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
34984-5042		Country		34984-5042	
Country		Country		01062005 Chg-NP CR2E037 (10/03)	
4. FEI Number 30-0202585				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$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			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
Zip			Zip		
34983			FL 34983-3715		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOK, FREDERICK		NAME	LADNER ST.	
STREET ADDRESS	1552 SE LANDER ST		STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE, FL 34983		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VALE, VICTOR		NAME		
STREET ADDRESS	3100 SE PRUITT RD		STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE, FL 34983		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMAS, EARL		NAME	WALTERS TER.	
STREET ADDRESS	802 SE WALTER TER.		STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE, FL 34983		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZOBAY, JOSEPH		NAME		
STREET ADDRESS	1756 FAIRFIELD ST		STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE, FL 34983		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CLEMENTS, MARTHA		NAME		
STREET ADDRESS	4311 SE BRITNEY CT		STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE, FL 34952		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FERRARA, MICHAEL		NAME		
STREET ADDRESS	1491 ASHVILLE COURT		STREET ADDRESS		
CITY-ST-ZIP	PORT ST LUCIE, FL 34952		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: <u>Frederick Cook</u> FREDERICK COOK <u>2/10/05</u> <u>772 879 4262</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					