


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.	
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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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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01062005 Chg-NP CR2E037 (10/03)

City & State	4. FEI Number 30-0202585
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Applied For
Not Applicable

Zip 34984-5042	Country	Zip 34984-5042	Country
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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)
LADNER ST.
 City _____
 State **FL** Zip Code **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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
Due by May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition LADNER ST.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition WALTERS TER.

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** **2/10/05** **772 879 4262**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #