

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009435

FILED
Feb 15, 2006
Secretary of State

Entity Name: PORT ST. LUCIE BUSINESS WOMEN, INC.

Current Principal Place of Business:

P.O. BOX 8003
PORT ST. LUCIE, FL 349858003

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8003
PORT ST. LUCIE, FL 349858003

New Mailing Address:

FEI Number: 59-2131654

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, MARSHA
5705 MYRTLE DR
FORT PIERCE, FL 34982 US

Name and Address of New Registered Agent:

GIACCONE, ROBBIE
5415 CASSIA DRIVE
FORT PIERCE, FL 34982 US

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.

SIGNATURE: ROBBIE GIACCONE

02/15/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POLLARD, TRICIA
Address: P.O. BOX 8003
City-St-Zip: PORT ST. LUCIE, FL 349858003

Title: VD () Delete
Name: RILEY, MARGE
Address: P.O. BOX 8003
City-St-Zip: PORT ST. LUCIE, FL 349858003

Title: SD () Delete
Name: VALURE, LINDA
Address: P.O. BOX 8003
City-St-Zip: PORT ST. LUCIE, FL 349858003

Title: TD () Delete
Name: THOMPSON, MARSHA
Address: P.O. BOX 8003
City-St-Zip: PORT ST. LUCIE, FL 349858003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: RILEY, MARGE
Address: P.O. BOX 8003
City-St-Zip: PORT ST. LUCIE, FL 349858003

Title: VD (X) Change () Addition
Name: LAWLESS, MARILYN
Address: P.O. BOX 8003
City-St-Zip: PORT ST. LUCIE, FL 349858003

Title: SD (X) Change () Addition
Name: JOHNSON, KIM
Address: P.O. BOX 8003
City-St-Zip: PORT ST. LUCIE, FL 349858003

Title: TD (X) Change () Addition
Name: GIACCONE, ROBBIE
Address: P.O. BOX 8003
City-St-Zip: PORT ST. LUCIE, FL 349858003

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBBIE GIACCONE

TD

02/15/2006

Electronic Signature of Signing Officer or Director

Date