


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2007 8:00 am**  
**Secretary of State**

03-05-2007 90048 040 \*\*\*\*61.25

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            |                                                                |                                                                                                                                                                         |                                                                                   |                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|-----------------|
| <b>DOCUMENT # N03000009435</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                            |                                                                |                                                                                                                                                                         |  |                 |
| <b>1. Entity Name</b><br>PORT ST. LUCIE BUSINESS WOMEN, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |                                                                |                                                                                                                                                                         |                                                                                   |                 |
| <b>Principal Place of Business</b><br>P.O. BOX 8003<br>PORT ST. LUCIE, FL 34985-8003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                                                | <b>Mailing Address</b><br>P.O. BOX 8003<br>PORT ST. LUCIE, FL 34985-8003                                                                                                |                                                                                   |                 |
| <b>2. Principal Place of Business - No P.O. Box #</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                            | <b>3. Mailing Address</b>                                      |                                                                                                                                                                         |                                                                                   |                 |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                            | Suite, Apt. #, etc.                                            |                                                                                                                                                                         |                                                                                   |                 |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            | City & State                                                   |                                                                                                                                                                         |                                                                                   |                 |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Country                                    | Zip                                                            | Country                                                                                                                                                                 | <b>4. FEI Number</b><br>59-2131654                                                |                 |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                            |                                                                |                                                                                                                                                                         | <b>\$8.75 Additional Fee Required</b>                                             |                 |
| <b>6. Name and Address of Current Registered Agent</b><br><br>GIACCONE, ROBBIE<br>5415 CASSIA DRIVE<br>FORT PIERCE, FL 34982                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                            |                                                                | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> Zip Code |                                                                                   |                 |
| <b>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.</b>                                                                                                                                                                                                                                                                                                                                                                                                                |                                            |                                                                |                                                                                                                                                                         |                                                                                   |                 |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                            |                                                                |                                                                                                                                                                         |                                                                                   |                 |
| <b>Filing Fee is \$61.25 Due by May 1, 2007</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                            | <b>9. Election Campaign Financing</b> <input type="checkbox"/> |                                                                                                                                                                         | <b>\$5.00 May Be Added to Fees</b>                                                |                 |
| <b>Make check payable to Florida Department of State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                                                |                                                                                                                                                                         |                                                                                   |                 |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                            |                                                                | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>                                                                                                            |                                                                                   |                 |
| <b>TITLE</b><br>PD<br><b>NAME</b><br>RILEY, MARGE<br><b>STREET ADDRESS</b><br>P.O. BOX 8003<br><b>CITY-ST-ZIP</b><br>PORT ST. LUCIE, FL 349858003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> Delete |                                                                | <b>TITLE</b><br>PD<br><b>NAME</b><br>LAWLESS MARILYN<br><b>STREET ADDRESS</b><br>P.O. BOX 8003<br><b>CITY-ST-ZIP</b><br>PORT ST. LUCIE, FL 34985-8003                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |                 |
| <b>TITLE</b><br>VD<br><b>NAME</b><br>LAWLESS, MARILYN<br><b>STREET ADDRESS</b><br>P.O. BOX 8003<br><b>CITY-ST-ZIP</b><br>PORT ST. LUCIE, FL 349858003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete            |                                                                | <b>TITLE</b><br>VD<br><b>NAME</b><br>ADAMS, CHRIS<br><b>STREET ADDRESS</b><br>P.O. BOX 8003<br><b>CITY-ST-ZIP</b><br>PORT ST. LUCIE FLORIDA 34985-8003                  | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |                 |
| <b>TITLE</b><br>SD<br><b>NAME</b><br>JOHNSON, KIM<br><b>STREET ADDRESS</b><br>P.O. BOX 8003<br><b>CITY-ST-ZIP</b><br>PORT ST. LUCIE, FL 349858003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <input checked="" type="checkbox"/> Delete |                                                                | <b>TITLE</b><br>SD<br><b>NAME</b><br>GIACCONE, ROBBIE<br><b>STREET ADDRESS</b><br>P.O. BOX 8003<br><b>CITY-ST-ZIP</b><br>PORT ST. LUCIE, FL 34985-8003                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition      |                 |
| <b>TITLE</b><br>TD<br><b>NAME</b><br>GIACCONE, ROBBIE<br><b>STREET ADDRESS</b><br>P.O. BOX 8003<br><b>CITY-ST-ZIP</b><br>PORT ST. LUCIE, FL 349858003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <input type="checkbox"/> Delete            |                                                                | <b>TITLE</b><br>TD<br><b>NAME</b><br>ALMA SINGLETARY<br><b>STREET ADDRESS</b><br>P.O. BOX 8003<br><b>CITY-ST-ZIP</b><br>PORT ST. LUCIE FL 34985-8003                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |                 |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete            |                                                                | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                 |
| <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <input type="checkbox"/> Delete            |                                                                | <b>TITLE</b><br><br><b>NAME</b><br><br><b>STREET ADDRESS</b><br><br><b>CITY-ST-ZIP</b>                                                                                  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |                 |
| <b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.</b> |                                            |                                                                |                                                                                                                                                                         |                                                                                   |                 |
| <b>SIGNATURE:</b> <i>Alma Singletary</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                            |                                                                | 2/15/07                                                                                                                                                                 |                                                                                   | 772-344-9312    |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                            |                                                                | Date                                                                                                                                                                    |                                                                                   | Daytime Phone # |