

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009435

FILED
Feb 04, 2009
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:

1571 SW FRESNO ROAD
PORT ST. LUCIE, FL 34953

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:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ALMA L. SINGLETON

TD

02/04/2009

Electronic Signature of Signing Officer or Director

Date