

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009435

FILED
Feb 24, 2012
Secretary of State

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

Current Principal Place of Business:

1571 SW FRESNO ROAD
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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

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
Name: GIACCONE, ROBBIE
Address: P.O. BOX 8003
City-St-Zip: PORT ST. LUCIE, FL 349858003 US

Title: PD
Name: THOMPSON, MARSHA
Address: P.O. BOX 8003
City-St-Zip: PORT ST. LUCIE, FL 349858003 US

Title: VD
Name: WYRES, THERESA
Address: P.O. BOX 8003
City-St-Zip: PORT ST. LUCIE, FL 349858003 US

Title: SD
Name: OSTRAND, KAREN
Address: P.O. BOX 8003
City-St-Zip: PORT ST. LUCIE, FL 349858003 US

Title: TD
Name: SINGLETARY, ALMA
Address: P. O. BOX 8003
City-St-Zip: PORT ST. LUCIE, FL 349858003 US

I hereby 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 all other like empowered.

SIGNATURE: ALMA L. SINGLETARY

TREA

02/24/2012

Electronic Signature of Signing Officer or Director

_____ Date