

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003248

FILED
May 01, 2006
Secretary of State

Entity Name: ST. LUCIE INSPIRED NETWORK TO ACHIEVE COMMUNITY TOGETHER, INC.

Current Principal Place of Business:

4800 SOUTH US HIGHWAY ONE
FORT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 12627
MIDWAY ROAD
FT. PIERCE, FL 34979

New Mailing Address:

4800 SOUTH US HIGHWAY ONE
FT. PIERCE, FL 34982

FEI Number: 20-2629999 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ADAMS, CRIS
4800 SOUTH U.S. HIGHWAY ONE
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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALEXANDER, LAURA
Address: 1102 S.US 1
City-St-Zip: FT. PIERCE, FL 34950

Title: D () Delete
Name: BONET, JODY
Address: 437 NORTH 7TH STREET
City-St-Zip: FT. PIERCE, FL 349502912

Title: D () Delete
Name: RIVETT, ALLAN E
Address: 8241 HIDDEN PINES ROAD
City-St-Zip: FT. PIERCE, FL 34945

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: RIVETT, ALLAN E CHAIR
Address: 8241 HIDDEN PINES ROAD
City-St-Zip: FT. PIERCE, FL 34945

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: ALLAN RIVETT

CHR

05/01/2006

Electronic Signature of Signing Officer or Director

Date