

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90061 022 ****61.25

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DOCUMENT # N05000003248 1. Entity Name ST. LUCIE INSPIRED NETWORK TO ACHIEVE COMMUNITY TOGETHER, INC.					
Principal Place of Business 4800 SOUTH US HIGHWAY ONE FORT PIERCE, FL 34982			Mailing Address 4800 SOUTH US HIGHWAY ONE FT. PIERCE, FL 34982		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 20-2629999			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent ADAMS, CRIS 4800 SOUTH U.S. HIGHWAY ONE FORT PIERCE, FL 34982			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee Is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution.		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vice Chair ALEXANDER, LAURA 1102 S.US 1 FT. PIERCE, FL 34950 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member at Large Adams, Cris United Way 4800 US Hwy 1 Fort Pierce, FL 34950 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete BONET, JODY 437 NORTH 7TH STREET FT. PIERCE, FL 349502912		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member at Large Maureen Simmons New Horizons 4500 Midway Road Fort Pierce, FL 34981 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete RIVETT, ALLAN E CHAIR 8241 HIDDEN PINES ROAD FT. PIERCE, FL 34945		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Volunteer Chair Stacey Malinowski Mustard Seed Ministries 3130 S US Highway 1 Fort Pierce, 34982 <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Myers, Stefanie Community Services 2300 Virginia Avenue, Fort Pierce, FL 34982 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Ross, Jennifer Council on Aging 2501 SW Bayshore Blvd. Port St. Lucie, FL 34984 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member at Large Bird, Daniel Indian River Community College 3209 Virginia Avenue Fort Pierce, FL 34981 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE: <u>ALLAN E. RIVETT</u> <u>4/20/07</u> <u>772-464-1117</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					