


01/10/2008 10:21 561-462-1703

SLC COMM

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90097 002 ****61.25

**2008 NOT-FOR-PROFIT CORPORATION
 ANNUAL REPORT**

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 #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2629999	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee Is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 ALEXANDER, LAURA 1102 S.US 1 FT. PIERCE, FL 34950		TITLE NAME STREET ADDRESS CITY-ST-ZIP	3051 Industrial 25th Street Fort Pierce, FL 34946	
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VP -Vice Pres			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MALINOWSKI, STACEY 3130 S. US HIGHWAY 1 FORT PIERCE, FL 34982		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - Director	
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVETT, ALLAN E CHAIR 8241 HIDDEN PINES ROAD FT. PIERCE, FL 34945		TITLE NAME STREET ADDRESS CITY-ST-ZIP	C - Chairman	
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MYERS, STEFANIE 2300 VIRGINIA AVENUE FORT PIERCE, FL 34982		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSS, JENNIFER 2501 SW BAYSHORE BLVD PORT SAINT LUCIE, FL 34984		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAL BIRD, DANIEL 3209 VIRGINIA AVENUE FORT PIERCE, FL 34981		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - Director	
<input type="checkbox"/> Delete		<input checked="" 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>Stefanie Myers</u> 1/8/08 772-462-1174 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40003143



01082008 Chg-NP CR2E037 (12/06)

4. FEI Number 20-2629999	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee Is \$61.25
 Due by May 1, 2008**
9. Election Campaign Financing
 Trust Fund Contribution. ☐
**\$5.00 May Be
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**Make check payable to
 Florida Department of State**

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 Fort Pierce, FL 34946

☒ Change ☐ Addition
 VP -Vice Pres

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VC
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☒ Change ☐ Addition

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C - Chairman

☒ Change ☐ Addition

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D - Director

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #