

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003248

FILED
Feb 12, 2009
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:

437 N 7TH STREET
FORT PIERCE, FL 34950

Current Mailing Address:

4800 SOUTH US HIGHWAY ONE
FT. PIERCE, FL 34982

New Mailing Address:

437 N 7TH STREET
FORT PIERCE, FL 34950

FEI Number: 20-2629999

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, CRIS
4800 SOUTH U.S. HIGHWAY ONE
FORT PIERCE, FL 34982 US

Name and Address of New Registered Agent:

MYERS, STEFANIE
437 N 7TH STREET
FORT PIERCE, FL 34950 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: STEFANIE MYERS

02/12/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALEXANDER, LAURA
Address: 3051 INDUSTRIAL 25TH ST
City-St-Zip: FORT PIERCE, FL 34946

Title: D () Delete
Name: MALINOWSKI, STACEY
Address: 3130 S. US HIGHWAY 1
City-St-Zip: FORT PIERCE, FL 34982

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

Title: T () Delete
Name: MYERS, STEFANIE
Address: 2300 VIRGINIA AVENUE
City-St-Zip: FORT PIERCE, FL 34982

Title: S () Delete
Name: ROSS, JENNIFER
Address: 2501 SW BAYSHORE BLVD
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: D () Delete
Name: BIRD, DANIEL
Address: 3209 VIRGINIA AVENUE
City-St-Zip: FORT PIERCE, FL 34981

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: ROSS, JENNIFER
Address: 560 NE TOWN TERRACE
City-St-Zip: JENSEN BEACH, FL 34957

Title: D (X) Change () Addition
Name: MALINOWSKI, STACY
Address: 3130 S. US HIGHWAY 1
City-St-Zip: FORT PIERCE, FL 34982

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

Title: T (X) Change () Addition
Name: MYERS, STEFANIE
Address: 2297 SW MT. VERNON ST
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: D (X) Change () Addition
Name: SIMMONS, MAUREEN
Address: 4946 NW FOXWORTH AVENUE
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D (X) Change () Addition
Name: BIRD, DANIEL
Address: 1224 RIVER REACH DRIVE
City-St-Zip: VERO BEACH, FL 32967

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: STEFANIE MYERS

T

02/12/2009

Electronic Signature of Signing Officer or Director

Date