

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005085

FILED
Jan 22, 2009
Secretary of State

Entity Name: FUTURE GENERATIONS OF ST. LUCIE COUNTY, INC.

Current Principal Place of Business:

3300 AVENUE L
FORT PIERCE, FL 34947

New Principal Place of Business:

Current Mailing Address:

1809 AVE N
FORT PIERCE, FL 34950

New Mailing Address:

FEI Number: 57-1220777

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICHARDSON, JOSEPH
1809 AVENUE N
FORT PIERCE, FL 34950 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 () Delete
Name: RICHARDSON, JOSEPH
Address: 1809 AVENUE N
City-St-Zip: FORT PIERCE, FL 34950

Title: VD () Delete
Name: PEAK, SHARLENE
Address: 3902 AVENUE S
City-St-Zip: FORT PIERCE, FL 34947

Title: SD () Delete
Name: RICHARDSON, FELICIA
Address: 1809 AVENUE N
City-St-Zip: FORT PIERCE, FL 34950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JOSEPH RICHARDSON

MR.

01/22/2009

Electronic Signature of Signing Officer or Director

Date