

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006123

FILED
Aug 09, 2007
Secretary of State

Entity Name: THE FORT PIERCE EXCHANGE CLUB, INC.

Current Principal Place of Business:

4395 N.E. ST JAMES DR
PORT ST LUCIE, FL 34983

New Principal Place of Business:

4395 N.W. ST JAMES DR
PORT ST LUCIE, FL 34983

Current Mailing Address:

4395 N.E. ST JAMES DR
PORT ST LUCIE, FL 34983

New Mailing Address:

4395 N.W. ST JAMES DR
PORT ST LUCIE, FL 34983

FEI Number: 23-7282457 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
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:

DONOVAN, WILLIAM F
5495 N.E. ST JAMES DR
PORT ST LUCIE, FL 34983 US

Name and Address of New Registered Agent:

DONOVAN, WILLIAM F
5495 N.W. ST JAMES DR
PORT ST LUCIE, FL 34983 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: _____

08/09/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: FOLEY, WILLIAM
Address: 3395 SW CANOE PL
City-St-Zip: PALM CITY, FL 34990

Title: P () Delete
Name: CLANCEY, LAWRENCE
Address: 2307 CANOE CREEK LN
City-St-Zip: FT PIERCE, FL 34981

Title: VP () Delete
Name: DAVIS, ROBERT
Address: 1207 KINGWOOD LN
City-St-Zip: FT PIERCE, FL 34982

Title: ST () Delete
Name: LUCY, DONALD
Address: 6700 CAMPANILLA CT
City-St-Zip: FT PIERCE, FL 34951

Title: D () Delete
Name: DONOVAN, WILLIAM F
Address: 5395 N.E. ST JAMES DR
City-St-Zip: PORT ST LUCIE, FL 34983

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:

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

Title: D (X) Change () Addition
Name: DONOVAN, WILLIAM F
Address: 5395 N.W. ST JAMES DR
City-St-Zip: PORT ST LUCIE, FL 34983

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: WILLIAM F DONOVAN

DIR

08/09/2007

Electronic Signature of Signing Officer or Director

Date