

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006123

FILED  
Jan 15, 2009  
Secretary of State

**Entity Name:** THE FORT PIERCE EXCHANGE CLUB, INC.

**Current Principal Place of Business:**

5495 N.W. ST JAMES DR  
PORT ST LUCIE, FL 34983

**New Principal Place of Business:**

**Current Mailing Address:**

5495 N.W. ST JAMES DR  
PORT ST LUCIE, FL 34983

**New Mailing Address:**

**FEI Number:** 23-7282457

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DONOVAN, WILLIAM F  
5495 N.W. ST JAMES DR  
PORT ST LUCIE, FL 34983 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: P ( ) Delete  
Name: KITZMILLER, CHARLES  
Address: 2700 N AIA  
City-St-Zip: FORT PIERCE, FL 34949

Title: VP ( ) Delete  
Name: GREENE, DONNA M  
Address: 602 MALABAR AVE  
City-St-Zip: FT PIERCE, FL 34949

Title: SEC ( ) Delete  
Name: SHIRLEY, COPENHAVER  
Address: 1430 SE SAN SOUCI LANE  
City-St-Zip: PORT ST LUCIE, FL 34952

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

Title: D ( ) Delete  
Name: DONOVAN, WILLIAM F  
Address: 5495 N.W ST JAMES DR  
City-St-Zip: PORT ST LUCIE, FL 34983

Title: D ( ) Delete  
Name: WILLIAM, MAY  
Address: 502 SE KARRIGAN TERR  
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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: CANDICE, LOUPE  
Address: 100 SOUTH 2ND ST  
City-St-Zip: FT PIERCE, FL 34950

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

D

01/15/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date