

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006123

FILED  
Apr 26, 2011  
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  
**Name:** FERGUSON, JOHNATHAN  
**Address:** 2366 S. BROCKSMITH ROAD  
**City-St-Zip:** FORT PIERCE, FL 34945

**Title:** VP  
**Name:** O'CONNOR, JAMES  
**Address:** 1004 IBIS AVENUE  
**City-St-Zip:** FORT PIERCE, FL 34982

**Title:** SEC  
**Name:** JOHN, BARBIERI  
**Address:** 3650 KIRBY LOOP ROAD  
**City-St-Zip:** FORT PIERCE, FL 34981

**Title:** TREA  
**Name:** DAN, KUREK  
**Address:** 2138 SE HERRON DRIVE  
**City-St-Zip:** PORT ST LUCIE, FL 34952

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

**Title:** D  
**Name:** FOLEY, WILLIAM P  
**Address:** 3395 NW CANOE CREEK LANE  
**City-St-Zip:** PALM CITY, FL 34990

I hereby 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 all other like empowered.

**SIGNATURE:** WILLIAM F DONOVAN

D

04/26/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date