

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000002491

FILED  
Apr 30, 2007  
Secretary of State

**Entity Name:** LIBERAL UNIVERSALIST FELLOWSHIP OF PORT SAINT LUCIE, INC.

**Current Principal Place of Business:**

1743 SW IMPORT DR  
PORT SAINT LUCIE, FL 349532408 US

**New Principal Place of Business:**

**Current Mailing Address:**

1743 SW IMPORT DR  
PORT SAINT LUCIE, FL 349532408 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

WILSON, GREGORY V  
1743 SW IMPORT DR  
PORT SAINT LUCIE, FL 34953 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: MARCKS, DIANE  
Address: 2218 SE DUNBROOKE CIR  
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: VP ( ) Delete  
Name: CUFFE, GRETCHEN G  
Address: 4550 SE BAY SHORE TER  
City-St-Zip: STUART, FL 34997 US

Title: S ( ) Delete  
Name: SHUEE, LINDA L  
Address: 2874 SE ITALY  
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

Title: T ( ) Delete  
Name: WILSON, HELEN E  
Address: 1743 SW IMPORT DR  
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: VP (X) Change ( ) Addition  
Name: SUN, MICHAEL B  
Address: 1743 SW IMPORT DR  
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

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: HELEN E WILSON

T

04/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date