2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # N06000008314

1. Entity Name
EXECUTIVE ROUNDTABLE OF ST. LUCIE COUNTY, INC.

Principal Place of Business	Mailing Address
546 N.W. UNIVERSITY BLVD. SUITE 204 PORT ST. LUCIE, FL 34986	546 N.W. UNIVERSITY BLVD. SUITE 204 PORT ST. LUCIE, FL 34986

DO NOT WRITE IN THIS SPACE

01042008 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-5375835
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

EPPS, CHRISTINE
546 N.W. UNIVERSITY BLVD.
SUITE 204
PORT ST. LUCIE, FL 34986

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CHRM
NAME	SMITH, JOE
STREET ADDRESS	2300 VIRGINIA AVENUE
CITY-ST-ZIP	FORT PIERCE, FL 34982
TITLE	VCHM
NAME	LOCKE, MARY
STREET ADDRESS	3209 VIRGINIA AVENUE
CITY-ST-ZIP	FORT PIERCE, FL 34981
TITLE	SEC
NAME	MELVIN, VERN
STREET ADDRESS	3307 N. U.S. 1, SUITE 327
CITY-ST-ZIP	FORT PIERCE, FL 34950
TITLE	TREA
NAME	BALDWIN, SEAN
STREET ADDRESS	920 S. U.S. 1
CITY-ST-ZIP	FORT PIERCE, FL 34950
TITLE	EXD
NAME	EPPS, CHRISTINE
STREET ADDRESS	546 N.W. UNIVERSITY BLVD., SUITE 204
CITY-ST-ZIP	PORT ST. LUCIE, FL 34986
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/15/08-80046-029 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Christine Epps 1/7/08 (772) 871-5880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #