

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008314

FILED  
Mar 24, 2009  
Secretary of State

**Entity Name:** EXECUTIVE ROUNDTABLE OF ST. LUCIE COUNTY, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 20-5375835

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EPPS, CHRISTINE  
546 N.W. UNIVERSITY BLVD.  
SUITE 204  
PORT ST. LUCIE, FL 34986 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: CHRM ( ) Delete  
Name: SMITH, JOE  
Address: 2300 VIRGINIA AVENUE  
City-St-Zip: FORT PIERCE, FL 34982 US

Title: VCHM ( ) Delete  
Name: LOCKE, MARY  
Address: 3209 VIRGINIA AVENUE  
City-St-Zip: FORT PIERCE, FL 34981 US

Title: SEC ( ) Delete  
Name: MELVIN, VERN  
Address: 3307 N. U.S. 1, SUITE 327  
City-St-Zip: FORT PIERCE, FL 34950

Title: TREA ( ) Delete  
Name: BALDWIN, SEAN  
Address: 920 S. U.S. 1  
City-St-Zip: FORT PIERCE, FL 34950

Title: EXD ( ) Delete  
Name: EPPS, CHRISTINE  
Address: 546 N.W. UNIVERSITY BLVD., SUITE 204  
City-St-Zip: PORT ST. LUCIE, FL 34986

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

Title: CHW (X) Change ( ) Addition  
Name: LOCKE, MARY  
Address: 3209 VIRGINIA AVENUE  
City-St-Zip: FORT PIERCE, FL 34951 US

Title: SEC (X) Change ( ) Addition  
Name: ARCHER, NANCY  
Address: 804 SOUTH 6TH STREET  
City-St-Zip: FORT PIERCE, FL US

Title: VCHM (X) Change ( ) Addition  
Name: BALDWIN, SEAN  
Address: P.O. BOX 1140  
City-St-Zip: FORT PIERCE, FL 34954

Title: TREA (X) Change ( ) Addition  
Name: PARRISH, RON  
Address: 5160 NW MILNER  
City-St-Zip: PORT ST. LUCIE, FL 34983

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: CHRISTINE EPPS

ED

03/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date