2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2011
Secretary of State

DOCUMENT# N06000008314

Entity Name: 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 (X)**

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: CH
Name: BALDWIN, SEAN
Address: PO BOX 1140
City-St-Zip: FORT PIERCE, FL 34954 US

Title: TREA
Name: ARCHER, NANCY
Address: 804 SOUTH 6TH STREET
City-St-Zip: FORT PIERCE, FL 34950 US

Title: VCH
Name: PARRISH, RON
Address: 5160 NW MILNER
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: SEC
Name: BOYLE, SEAN
Address: 546 NW UNIVERSITY BLVD., SUITE 200
City-St-Zip: PORT ST LUCIE, FL 34986

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

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: CHRISTINE EPPS EXD 06/14/2011

Electronic Signature of Signing Officer or Director — Date