2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# N06000009309

Entity Name: SAINT LUCIE LAND TRUST INC.

Current Principal Place of Business:

5051 N. A1A #12-1
NORTH HUTCHINSON ISLAND, FL 34949

New Principal Place of Business:

Current Mailing Address:

5051 N. A1A #12-1
NORTH HUTCHINSON ISLAND, FL 34949

New Mailing Address:

1680 SW ST. LUCIE WEST BOULEVARD
SUITE 204-ESTATE, TRUST & ELDER LAW FIRM
PORT ST. LUCIE, FL 34986

FEI Number: 20-5485737 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHAPMAN, MARY A
5051 N. A1A #12-1
NORTH HUTCHINSON ISLAND, FL 34949 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: PRES ( ) Delete
Name: MCLEMORE, JEFF
Address: 3101 MATTHEWS RD.
City-St-Zip: FT. PIERCE, FL 34945 US

Title: VP ( ) Delete
Name: CHAPMAN, MARY
Address: 5051 N. A1A #12-1
City-St-Zip: N. HUTCHINSON ISLAND, FL 34949 US

Title: DIR ( ) Delete
Name: PETER, HARRISON
Address: 23285 ORANGE AVE
City-St-Zip: FT. PIERCE, FL 34945 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ST (X) Change ( ) Addition
Name: PETER, HARRISON
Address: 23285 ORANGE AVE
City-St-Zip: FT. PIERCE, FL 34945 US

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: MARY CHAPMAN VP 04/21/2009
Electronic Signature of Signing Officer or Director — Date