2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2009
Secretary of State

DOCUMENT# N06000011143

Entity Name: SAINT LUCIE COUNTY CONCERNED CITIZENS,INC.

Current Principal Place of Business:

1520 SE ROYAL GREEN CIRCLE
K202
PORT SAINT LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

1520 SE ROYAL GREEN CIRCLE
K202
PORT SAINT LUCIE, FL 34952

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:

GREGO-HONDJERA, GLENNETH
2609 S. INDIAN RIVER DRIVE
FORT PIERCE, FL, FL 34950 US

Name and Address of New Registered Agent:

GREGO-HONDJERA, GLENNETH RA
2609 S. INDIAN RIVER DRIVE
FORT PIERCE,, FL 34950 US

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: GLENNETH GREGO-HONDJERA 04/19/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BELL, JULIUS
Address: 1520 SE ROYAL GREEN CIRCLE
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: VP ( ) Delete
Name: KITT, WILLIE
Address: 2635 CHEROKEE ST.
City-St-Zip: FORT PIERCE, FL 34946

Title: S ( ) Delete
Name: OLIVER, JOUHNISHA
Address: 3608 SLOAN ROAD
City-St-Zip: FORT PIERCE, FL 34950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: JULIUS BELL P 04/19/2009
Electronic Signature of Signing Officer or Director Date