2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2011
Secretary of State

DOCUMENT# N07000005776

Entity Name: SAINT LUCIE CRICKET CLUB, INC.

Current Principal Place of Business:

1250 SW. BILTMORE STREET
PORT SAINT LUCIE, FL 34953

New Principal Place of Business:

1250 SW BILTMORE STREET
PORT SAINT LUCIE, FL 34983

Current Mailing Address:

1250 SW BILTMORE STREET
PORT SAINT LUCIE, FL 34953

New Mailing Address:

1250 SW BILTMORE STREET
PORT SAINT LUCIE, FL 34983

FEI Number: 03-0400815 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TUCKER, ELTON
1250 SW BILTMORE STREET
PORT SAINT LUCIE, FL 34953 US

Name and Address of New Registered Agent:

BOWES, DONNA
1250 SW BILTMORE STREET
PORT SAINT LUCIE, FL 34983 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: DONNA BOWES 03/22/2011
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: DUTCHIN, CHARLES
Address: 1250 SW BILTMORE STREET
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

Title: V
Name: JUREIDINI, OWEN
Address: 1250 SW BILTMORE STREET
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

Title: S
Name: WRIGHT, LULA
Address: 1250 SW BILTMORE STREET
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

Title: T
Name: COTTERELL-GRANT, GEORGIA
Address: 1250 SW BILTMORE STREET
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

Title: S/T
Name: BOWES, DONNA
Address: 1250 SW. BILTMORE STREET
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

Title: M
Name: YARDE, EMMERSON
Address: 1250 SW BILTMORE STREET
City-St-Zip: PORT SAINT LUCIE, FL 34983

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: DONNA BOWES S/T 03/22/2011
Electronic Signature of Signing Officer or Director Date