

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000006731

FILED  
Aug 06, 2009  
Secretary of State

Entity Name: ST. LUCIAN FRIENDLY SOCIETY, INC.

**Current Principal Place of Business:**

340 ALEMEDA DR.  
PALM SPRINGS, FL 33461

**New Principal Place of Business:**

**Current Mailing Address:**

340 ALEMEDA DR.  
PALM SPRINGS, FL 33461

**New Mailing Address:**

FEI Number: 26-3148258      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

HOLLOWAY, ROSE  
340 ALEMEDA DR.  
PALM SPRINGS, FL 33461      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD      ( ) Delete  
Name: CHARLES, ANDREW  
Address: 1213 14TH CT. SOUTH  
City-St-Zip: LAKEWORTH, FL 33460

Title: SD      ( ) Delete  
Name: HOLLOWAY, ROSE  
Address: 340 ALEMEDA DR.  
City-St-Zip: PALM SPRINGS, FL 33461

Title: ASD      ( ) Delete  
Name: FRANCOIS, HELEN  
Address: 233 TANGIER AVE.  
City-St-Zip: PALM SPRINGS, FL 33480

Title: TD      ( ) Delete  
Name: SONSON, IRENE  
Address: 940 36TH ST.  
City-St-Zip: W. PALM, FL 33407

Title: AT      ( ) Delete  
Name: LUBIN, IRENE  
Address: 340 ALEMEDA DR.  
City-St-Zip: PALM SPRINGS, FL 33480

**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:

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: ROSE HOLLOWAY

SD

08/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date