2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000007730

FILED Aug 30, 2009 Secretary of State

Entity Name: ST LUCIA ASSOCIATION OF CENTRAL FLORIDA INC.

Current Principal Place of Business:

11603 ROPER BLVD CLERMONT, FL 34711

Current Mailing Address: New Mailing Address:

11603 ROPER BLVD 11603 ROPER BLVD

CLERMONT, FL 34711 US

FEI Number: 80-0246163 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:

WEEKES, JACQUELINE WEEKES, JACQUELINE RA 11603 ROPER BLVD 11603 ROPER BLVD

CLERMONT, FL 34711 US CLERMONT, FL 34711 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: JACQUELINE WEEKES 08/30/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

New Principal Place of Business:

DP () Delete Title: DP (X) Change () Addition

 Name:
 AUGUSTE, MICHAEL
 Name:
 AUGUSTE, MICHAEL
 DP

 Address:
 11603 ROPER BLVD
 Address:
 11603 ROPER BLVD

 City-St-Zip:
 CLERMONT, FL 34711
 City-St-Zip:
 CLERMONT, FL 34711

Title: DV () Delete Title: DV (X) Change () Addition

 Name:
 ISAAC, KEITH
 Name:
 ISAAC, KEITH DV

 Address:
 11603 ROPER BLVD
 Address:
 11603 ROPER BLVD

 City-St-Zip:
 CLERMONT, FL 34711
 City-St-Zip:
 CLERMONT, FL 34711

Title: DS () Delete Title: DS (X) Change () Addition

 Name:
 SAMUEL, VIRGINIA
 Name:
 SAMUEL, VIRGINIA DS

 Address:
 11603 ROPER BLVD
 Address:
 11603 ROPER BLVD

 City-St-Zip:
 CLERMONT, FL 34711
 City-St-Zip:
 CLERMONT, FL 34711

Title: DT () Delete Title: DT (X) Change () Addition

Name:BAPTISTE, LYDIA JNName:BAPTISTE, LYDIA JN DTAddress:11603 ROPER BLVDAddress:11603 ROPER BLVDCity-St-Zip:CLERMONT, FL 34711City-St-Zip:CLERMONT, FL 34711

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: MICHAEL AUGUSTE DP 08/30/2009