

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009757

FILED
Mar 18, 2009
Secretary of State

Entity Name: THE CITY OF PORT ST LUCIE CHAMBER OF COMMERCE, INC.

Current Principal Place of Business:

540 NW UNIVERSITY BLVD.
UNIT 110 BLDG. A
PORT ST LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

540 NW UNIVERSITY BLVD.
UNIT 110 BLDG. A
PORT ST LUCIE, FL 34986

New Mailing Address:

265 SW PORT ST LUCIE BLVD.
BOX# 372
PORT ST LUCIE, FL 34984

FEI Number: 37-1574757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, DABBIE
5639 NW BLUFF COURT
PORT ST LUCIE, FL 34986 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: CEO () Delete
Name: LEWIS, DABBIE
Address: 5639 NW BLUFF COURT
City-St-Zip: PORT ST LUCIE, FL 34986

Title: DIR () Delete
Name: CHRISTINE, JOHN
Address: 816 SW ST JULIEN COURT
City-St-Zip: PORT ST LUCIE, FL 34986

Title: DIR () Delete
Name: WILSON, DONNA
Address: 226 SW SANDY WAY
City-St-Zip: PORT ST LUCIE, FL 34986

Title: DIR () Delete
Name: SCHEIFELE, CARLA
Address: 8540 COMMERCE CENTRE DRIVE
City-St-Zip: PORT ST LUCIE, FL 34986

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TRE (X) Change () Addition
Name: CHRISTINE, JOHN
Address: 816 SW ST JULIEN COURT
City-St-Zip: PORT ST LUCIE, FL 34986

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

Title: SEC (X) Change () Addition
Name: SCHEIFELE, CARLA
Address: 8540 COMMERCE CENTRE DRIVE
City-St-Zip: PORT ST LUCIE, FL 34986

Title: PRES () Change (X) Addition
Name: ADAMS, JOHN
Address: 540 NW UNIVERSITY BLVD. SUITE#110
City-St-Zip: PORT ST LUCIE, FL 34986

Title: DIR () Change (X) Addition
Name: BOWMAN, JOHN
Address: 10330 SOUTH US 1
City-St-Zip: PORT ST LUCIE, FL 34952

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: DABBIE LEWIS

CEO

03/18/2009

Electronic Signature of Signing Officer or Director

Date