

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000008779

FILED  
Apr 21, 2010  
Secretary of State

**Entity Name:** LIPSTICK REPUBLICANS OF THE TREASURE COAST INC.

**Current Principal Place of Business:**

802 SW MARSH HARBOR BAY  
PORT ST LUCIE, FL 34986 US

**New Principal Place of Business:**

**Current Mailing Address:**

802 SW MARSH HARBOR BAY  
PORT ST LUCIE, FL 34986 US

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SWEENEY, KAREN J  
802 SW MARSH HARBOR BAY  
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: PRES  
Name: SWEENEY, KAREN J  
Address: 802 SW MARSH HARBOR BAY  
City-St-Zip: PORT ST LUCIE, FL 34986 US

Title: VP  
Name: KAVANAGH, GAIL  
Address: 10930 KIMBERFYLD LN  
City-St-Zip: PORT ST LUCIE, FL 34986 US

Title: TREA  
Name: WEBER, BRENDA  
Address: 559 NE CANE PARK CIRCLE  
City-St-Zip: PORT ST LUCIE, FL 34983

Title: SEC  
Name: MORTON, MADISON  
Address: 6601 WOODS ISLAND CIRCLE #207  
City-St-Zip: PORT ST LUCIE, FL 34952

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: KAREN J. SWEENEY

PRES

04/21/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date