2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007
Secretary of State

DOCUMENT# N22530

Entity Name: ST. LUCIE COUNTY BAR ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 3014
FT PIERCE, FL 34948

New Principal Place of Business:

1903 S. 25TH ST.
SUITE 200
FT PIERCE, FL 34947 US

Current Mailing Address:

P.O. BOX 3014
FT PIERCE, FL 34948

New Mailing Address:

FEI Number: 65-0008027 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
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:

GRIFFIN, JOHN KEVIN
133 S 2ND STREET
SUITE 202
FORT PIERCE, FL 34950 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: PD ( ) Delete
Name: GRIFFIN, JOHN KEVIN
Address: 1903 S 25TH ST., STE. 200
City-St-Zip: FORT PIERCE, FL 34947 US

Title: VD ( ) Delete
Name: GITLEN, RICHARD
Address: 611 S FEDERAL HIGHWAY SUITE G
City-St-Zip: STUART, FL 34994 US

Title: STD ( ) Delete
Name: MCSOLEY, MICHAEL
Address: 1209 DELAWARE AVE
City-St-Zip: FORT PIERCE, FL 34950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VD (X) Change ( ) Addition
Name: HALLIBURTON, JASON
Address: 1903 S. 25TH STREET, SUITE 200
City-St-Zip: FT. PIERCE, FL 34947 US

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: MICHAEL MCSOLEY STD 05/07/2007

Electronic Signature of Signing Officer or Director — Date