

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 25, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N45758**

1. Entity Name  
**RIO LINDO GARDEN CLUB OF PORT ST. LUCIE INC.**



Principal Place of Business  
**1016 SE KITCHING COVE  
PORT SAINT LUCIE, FL 34952-5902 US**

Mailing Address  
**1016 SE KITCHING COVE  
PORT SAINT LUCIE, FL 34952-5902 US**



02112004 - No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0296781**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**KING, JOLEEN  
1016 SE KITCHING COVE  
PORT SAINT LUCIE, FL 34952-5902**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KING, JOLEEN 1016 SE KITCHING COVE PORT SAINT LUCIE, FL 349525902
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FARRELL, CATHERINE 2280 SW MT VERNON ST PORT SAINT LUCIE, FL 349532358
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PEEPLES, PHYLLIS 246 SW STARFLOWER AVENUE PORT SAINT LUCIE, FL 349844461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GEYER, EVELYN 457 SW EASTPORT CIRCLE PORT SAINT LUCIE, FL 349537127
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RISING, GLADYS 8 DON QUIXOTE LANE PORT SAINT LUCIE, FL 349522313
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OLLIVER, THERESA 1942 SE BURGUNDY LANE PORT SAINT LUCIE, FL 349528866

000000066180  
02/26/04-80004-010 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Joleen G King*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/20/04

Date

772/337-0223

Daytime Phone #