

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46652

FILED
May 30, 2006
Secretary of State

Entity Name: PORT ST. LUCIE ROTARY FOUNDATION, INC.

Current Principal Place of Business:

920 SE ATLANTUS AVE
PORT ST LUCIE, FL 34983 US

New Principal Place of Business:

Current Mailing Address:

920 SE ATLANTUS AVE
PORT ST LUCIE, FL 34983 US

New Mailing Address:

FEI Number: 65-0307577 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:

THORNE-SHEARER, BETTY
920 SE ATLANTUS AVE
PORT ST LUCIE, FL 34983 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: PPD () Delete
Name: RIVETT, DONNA
Address: 8241 HIDDEN PINES RD
City-St-Zip: FORT PIERCE, FL 34945 US

Title: PD () Delete
Name: WYATT, CAROL
Address: 444 SW JACKSON PLACE
City-St-Zip: PORT ST LUCIE, FL 34986

Title: SD () Delete
Name: HOBBY, ROBERT
Address: 2172 SE ABCOR RD
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: TD () Delete
Name: EVANS, JEANNE
Address: 1736 NW FORK RD
City-St-Zip: PALM CITY, FL 34994

Title: VD () Delete
Name: NORTON, CARL
Address: 2442 SE PASCAL AVE
City-St-Zip: PORT ST LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT HOBBY

SD

05/30/2006

Electronic Signature of Signing Officer or Director

_____ Date