


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90271 043 ****61.25

DOCUMENT # N47221 1. Entity Name PORT ST. LUCIE BAR ASSOCIATION, INC.																																																																																																																													
Principal Place of Business 1858 SE PORT ST. LUCIE BLVD PORT ST. LUCIE, FL 34986			Mailing Address 1858 SE PORT ST. LUCIE BLVD PORT ST. LUCIE, FL 34986																																																																																																																										
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Zip		Country		Zip																																																																																																																									
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6. Name and Address of Current Registered Agent GOLDMAN, DIANA 1858 SE PORT ST. LUCIE BLVD PORT ST. LUCIE, FL 34986				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																																									
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																													
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																									
Make check payable to Florida Department of State																																																																																																																													
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																													

50005758



03062006 Chg-NP CR2E037 (11/05)

4. FEI Number
65-0307854

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

FL Zip Code

3/22/06 (772) 335-0965
Date Daytime Phone #