

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002843

FILED  
Apr 29, 2010  
Secretary of State

**Entity Name:** ST. LUCIE COUNTY CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

1850 SW FOUNTAINVIEW BLVD.  
SUITE 201  
PORT ST. LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

1850 SW FOUNTAINVIEW BLVD.  
SUITE 201  
PORT ST. LUCIE, FL 34986

**New Mailing Address:**

**FEI Number:** 65-0418970

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COX, LINDA W  
1850 SW FOUNTAINVIEW BLVD.  
SUITE 201  
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: C  
Name: ALLEY, PAT  
Address: 1850 SW FOUNTAINVIEW BLVD., STE 201  
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: P  
Name: COX, LINDA W  
Address: 1850 SW FOUNTAINVIEW BLVD., STE 201  
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: PC  
Name: WANINGER, MICHAEL J  
Address: 1850 SW FOUNTAINVIEW BLVD., STE 201  
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: CE  
Name: HAENNI, ERIC  
Address: 1850 SW FOUNTAINVIEW BLVD., STE 201  
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: T  
Name: HARTLEY, JAMES A  
Address: 1850 SW FOUNTAINVIEW BLVD., STE 201  
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: VP  
Name: SAMPSON, LINDA  
Address: 1850 SW FOUNTAINVIEW BLVD., STE 201  
City-St-Zip: PORT ST. LUCIE, FL 34986

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: LINDA W COX

P

04/29/2010

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

\_\_\_\_\_  
Date