

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 16, 2004 8:00 am
Secretary of State

08-04-2004 90019 003 ****61.25

DOCUMENT # N94000002739					
1. Entity Name ST. LUCIE COUNTY CHAMBER OF COMMERCE FOUNDATION, INC.					
Principal Place of Business 2200 VIRGINIA AVENUE FORT PIERCE FL 34982			Mailing Address 2200 VIRGINIA AVENUE FORT PIERCE FL 34982		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3120098	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIVETT, ALLAN 2200 VIRGINIA AVE FT PIERCE FL 34982			7. Name and Address of New Registered Agent Name: <u>Linda W. Cox</u> Street Address (P.O. Box Number is Not Acceptable): <u>2200 Virginia Avenue</u> City: <u>Fort Pierce</u> FL <u>34982</u>		
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: <u>Linda W. Cox</u> <u>Linda W. Cox, Executive Director</u> <u>8/12/04</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE					
FILE NOW: FEE IS \$61.25 Due By September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME ROBBINS, LEE STREET ADDRESS 804 CENTRAL PARKWAY, #9 CITY-ST-ZIP STUART FL 34997	☒ Delete		TITLE President-Elect NAME David Skiles STREET ADDRESS 1301 S.E. Port St Lucie Blvd. CITY-ST-ZIP Port St Lucie, FL 34952	☐ Change ☒ Addition	
TITLE PED NAME MATTHES, STEFFAN STREET ADDRESS 4320 THOUSAND PINES RD. CITY-ST-ZIP FORT PIERCE FL 34987	☐ Delete		TITLE President NAME Stefan Matthes STREET ADDRESS 2980 South 25th Street CITY-ST-ZIP Fort Pierce, FL 34981	☒ Change ☐ Addition	
TITLE TD NAME LOVELESS, RON STREET ADDRESS 1009 BERMUCK AVE. CITY-ST-ZIP FORT PIERCE FL 34982	☒ Delete		TITLE Treasurer NAME J.W. Gaines STREET ADDRESS 1905 S. 25th St, Suite 202 CITY-ST-ZIP Fort Pierce, FL 34947	☐ Change ☒ Addition	
TITLE SD NAME RIVETT, AL STREET ADDRESS 2200 VIRGINIA AVE. CITY-ST-ZIP FORT PIERCE FL 34982	☒ Delete		TITLE Executive Director NAME Linda W. Cox STREET ADDRESS 2200 Virginia Avenue CITY-ST-ZIP Fort Pierce, FL 34982	☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Donna D. Hope</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<u>7/30/04</u> <u>772-595-9999</u> Date Daytime Phone #		

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MOORE CR2E037 (4/04)