

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90064 014 ****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

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/04)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COX, LINDA W
5200 VIRGINIA AVENUE
FT PIERCE FL 34982

Name

Street Address (P.O. Box Number is Not Acceptable)

2200 Virginia Avenue

City

FL

Zip Code

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

Linda W. Cox
Linda W. Cox
Executive Director

1/20/05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PE SKILES, DAVID 1301 SE PORT ST LUCIE BLVD PORT SAINT LUCIE FL 34952	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MATTHES, STEFFAN 2980 SOUTH 25TH STREET FORT PIERCE FL 34981	☒ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GAINES, J W 1905 S 25TH ST STE 202 FORT PIERCE FL 34947	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ED COX, LINDA W 2200 VIRGINIA AVE. FORT PIERCE FL 34982	☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP	President	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2200 Virginia Avenue Fort Pierce, FL 34982	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Elect Howard, Rudy 2200 Virginia Ave Fort Pierce, FL 34982	☐ Change ☒ Addition
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:

Linda W. Cox
Linda W. Cox

1/20/05

772-595-9909

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #