2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002739

FILED Jan 09, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 2200 VIRGINIA AVENUE FORT PIERCE, FL 34982 **Current Mailing Address: New Mailing Address:** 2200 VIRGINIA AVENUE FORT PIERCE, FL 34982 FEI Number: 59-3120098 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COX, LINDA W 2200 VIRGINA AVE FT PIERCE, FL 34982 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition GAINES, J W GAINES, J W Name: Name: 2200 VIRGINA AVE Address: 2200 VIRGINA AVE Address: City-St-Zip: FORT PIERCE, FL 34982 City-St-Zip: FORT PIERCE, FL 34982 Title: ED Title: () Delete () Change () Addition COX, LINDA W Name: Name: Address: 2200 VIRGINIA AVE. Address: City-St-Zip: FORT PIERCE, FL 34982 City-St-Zip: Title: () Delete Title: (X) Change () Addition HOWARD, RUDY HOWARD, RUDY Name: Name: 2200 VIGINIA AVE Address: Address: 2200 VIGINIA AVE City-St-Zip: FORT PIERCE, FL 34982 City-St-Zip: FORT PIERCE, FL 34982 Title: PΕ () Delete Title: (X) Change () Addition Name: ARTEGA, RENE Name: ARTEGA, RENE 2200 VIRGINIA AVE 2200 VIRGINIA AVE Address: Address: City-St-Zip: FORT PIERCE, FL 34982 City-St-Zip: FORT PIERCE, FL 34982 Title: () Delete Title: () Change (X) Addition HARTLEY, JAMES A Name: Name: 2200 VIRGINIA AVENUE Address: Address: City-St-Zip: City-St-Zip: FORT PIERCE, FL 34982

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: LINDA W. COX ED 01/09/2007