2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007
Secretary of State

DOCUMENT# N94000002739

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

Current Principal Place of Business:

2200 VIRGINIA AVENUE
FORT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

2200 VIRGINIA AVENUE
FORT PIERCE, FL 34982

New Mailing Address:

FEI Number: 59-3120098 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COX, LINDA W
2200 VIRGINA AVE
FT PIERCE, FL 34982 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: T ( ) Delete
Name: GAINES, J W
Address: 2200 VIRGINA AVE
City-St-Zip: FORT PIERCE, FL 34982

Title: ED ( ) Delete
Name: COX, LINDA W
Address: 2200 VIRGINIA AVE.
City-St-Zip: FORT PIERCE, FL 34982

Title: P ( ) Delete
Name: HOWARD, RUDY
Address: 2200 VIGINIA AVE
City-St-Zip: FORT PIERCE, FL 34982

Title: PE ( ) Delete
Name: ARTEGA, RENE
Address: 2200 VIRGINIA AVE
City-St-Zip: FORT PIERCE, FL 34982

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PE (X) Change ( ) Addition
Name: GAINES, J W
Address: 2200 VIRGINA AVE
City-St-Zip: FORT PIERCE, FL 34982

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PP (X) Change ( ) Addition
Name: HOWARD, RUDY
Address: 2200 VIGINIA AVE
City-St-Zip: FORT PIERCE, FL 34982

Title: P (X) Change ( ) Addition
Name: ARTEGA, RENE
Address: 2200 VIRGINIA AVE
City-St-Zip: FORT PIERCE, FL 34982

Title: T ( ) Change (X) Addition
Name: HARTLEY, JAMES A
Address: 2200 VIRGINIA AVENUE
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

Electronic Signature of Signing Officer or Director — Date