2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002739

FILED Feb 27, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 1850 SW FOUNTAINVIEW BLVD. SUITE 201 PORT ST. LUCIE, FL 34986 **New Mailing Address: Current Mailing Address:** 1850 SW FOUNTAINVIEW BLVD. SUITE 201 PORT ST. LUCIE, FL 34986 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 1850 SW FOUNTAINVIEW BLVD. SUITE 201 PORT ST. LUCIE, FL 34986 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: 1850 SW FOUNTAINVIEW BLVD., STE 201 Address: 1850 SW FOUNTAINVIEW BLVD., STE 201 Address: City-St-Zip: PORT ST. LUCIE, FL 34986 City-St-Zip: PORT ST. LUCIE, FL 34986 Title: ED Title: (X) Change () Addition () Delete COX, LINDA W Name: COX, LINDA W Name: Address: 1850 SW FOUNTAINVIEW BLVD., STE 201 Address: 1850 SW FOUNTAINVIEW BLVD., STE 201 City-St-Zip: PORT ST. LUCIE, FL 34986 City-St-Zip: PORT ST. LUCIE, FL 34986 Title: () Delete Title: (X) Change () Addition MCKENZIE, JIM ALLEY, PATRICIA Name: Name: 1850 SW FOUNTAINVIEW BLVD., STE 201 1850 SW FOUNTAINVIEW BLVD., STE 201 Address: Address: City-St-Zip: PORT ST. LUCIE, FL 34986 City-St-Zip: PORT ST. LUCIE, FL 34986 Title: () Delete Title: PC (X) Change () Addition Name: ARTEGA, RENE Name: ARTEGA, RENE 1850 SW FOUNTAINVIEW BLVD., STE 201 1850 SW FOUNTAINVIEW BLVD., STE 201 Address: Address: City-St-Zip: PORT ST. LUCIE, FL 34986 City-St-Zip: PORT ST. LUCIE, FL 34986 Title: () Delete Title: () Change () Addition HARTLEY, JAMES A Name: Name: 1850 SW FOUNTAINVIEW BLVD., STE 201 Address: Address: City-St-Zip: PORT ST. LUCIE, FL 34986 City-St-Zip: Title: () Delete Title: () Change (X) Addition WANINGER, MICHAEL J Name: Name: Address: Address: 1850 SW FOUNTAINVIEW BLVD., STE 201 PORT ST. LUCIE, FL 34986 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: LINDAW. COX P 02/27/2009