

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000002739

FILED
Mar 20, 2012
Secretary of State

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

Current Principal Place of Business:

1850 SW FOUNTAINVIEW BLVD.
SUITE 201
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

1850 SW FOUNTAINVIEW BLVD.
SUITE 201
PORT ST. LUCIE, FL 34986

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
1850 SW FOUNTAINVIEW BLVD.
SUITE 201
PORT ST. LUCIE, FL 34986 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: CE
Name: EMMELUTH, JEFF
Address: 1850 SW FOUNTAINVIEW BLVD., STE 201
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: P
Name: COX, LINDA W
Address: 1850 SW FOUNTAINVIEW BLVD., STE 201
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: C
Name: KOLLEDA, RICHARD
Address: 1850 SW FOUNTAINVIEW BLVD., STE 201
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: PC
Name: HAENNI, ERIC
Address: 1850 SW FOUNTAINVIEW BLVD., STE 201
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: T
Name: SLOAN-BARTZ, TERRI
Address: 1850 SW FOUNTAINVIEW BLVD., STE 201
City-St-Zip: PORT ST. LUCIE, FL 34986

I hereby 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 all other like empowered.

SIGNATURE: LINDA W COX

PRES

03/20/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date