

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004123

FILED
Jan 07, 2009
Secretary of State

Entity Name: PARENT-TO-PARENT OF ST. LUCIE COUNTY, INC.

Current Principal Place of Business:

3322 SUNRISE BLVD.
FT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

3322 SUNRISE BLVD.
FT PIERCE, FL 34982

New Mailing Address:

FEI Number: 65-0516361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BONNIE, STARLING
3322 SUNRISE BLVD
FT PIERCE, FL 349827218 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: VP () Delete
Name: BRAND, JOANNE
Address: 529 SW LUCERNO DR
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: D () Delete
Name: ENO, NATALIE
Address: 2126 SW ANN ARBOR RD
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: ST () Delete
Name: STARLING, BONNIE
Address: 3322 SUNRISE BLVD
City-St-Zip: FORT PIERCE, FL 34982

Title: P () Delete
Name: MCGLONE, LISA
Address: 2582 SW HINCHMAN ST
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: D () Delete
Name: HARVEY, MILES
Address: 230 SW BRIDGEPORT
City-St-Zip: PORT SAINT LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: () Change () Addition
Name:
Address:
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: BONNIE STARLING

ST

01/07/2009

Electronic Signature of Signing Officer or Director

Date