

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004123

FILED
Jan 07, 2011
Secretary of State

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

Current Principal Place of Business:

2582 SW HINCHMAN STREET
PORT ST. LUCIE, FL 34984

New Principal Place of Business:

Current Mailing Address:

2582 SW HINCHMAN STREET
PORT ST. LUCIE, FL 34984

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:

FALSEY, KIMBERLY
449 SW NATIVITY TERRACE
PORT ST LUCIE, FL 34984 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: S
Name: FALSEY, KIMBERLY
Address: 449 SW NATIVITY TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34984

Title: T
Name: MCCABE-HUBER, LINDA
Address: 3020 SW CAPTIVA CT
City-St-Zip: PALM CITY, FL 34990

Title: D
Name: HOLLEY, VICKI
Address: 3772 SW BIMINI CIRCLE NORTH
City-St-Zip: PALM CITY, FL 34990

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

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

Title: VP
Name: LANE, JESSICA
Address: 5509 RAINTREE TRAIL
City-St-Zip: FT. PIERCE, FL 34982

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 MCCABE-HUBER

TRES

01/07/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date