

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004799

FILED
Jul 24, 2004
Secretary of State

Entity Name: ST. LUCIE PROFESSIONAL ARTS LEAGUE, INC.

Current Principal Place of Business:

2418 S.E. MELON COURT
PORT SAINT LUCIE, FL 34952 US

New Principal Place of Business:

2518 SE ANCHORAGE COVE, UNIT E1
PORT SAINT LUCIE, FL 34952 US

Current Mailing Address:

2418 S.E. MELON COURT
PORT SAINT LUCIE, FL 34952 US

New Mailing Address:

2518 SE ANCHORAGE COVE, UNIT E1
PORT SAINT LUCIE, FL 34952 US

FEI Number: 65-0615751

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARBUSCI, GLORIA
2418 S.E. MELON COURT
PORT SAINT LUCIE, FL 34952 US

Name and Address of New Registered Agent:

HOLIDAY, JOE
2518 SE ANCHORAGE COVE, UNIT E1
PORT SAINT LUCIE, FL 34952 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: JOE HOLIDAY

07/24/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: BARBUSCI, GLORIA
Address: 2418 S.E. MELON COURT
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: PD () Delete
Name: HOLIDAY, JOE
Address: 2518 SE ANCHORAGE COVE, UNIT E1
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: VPD () Delete
Name: NEWTON, JOSIAH
Address: 920 GEORGIA AVENUE
City-St-Zip: FORT PIERCE, FL 34050

Title: S (X) Delete
Name: SCHULZ, GLORIA
Address: 308 RIO MAR DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HOLIDAY, JOE
Address: 2518 SE ANCHORAGE COVE, UNIT E1
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: VPD (X) Change () Addition
Name: NEWTON, JOSIAH
Address: 920 GEORGIA AVENUE
City-St-Zip: FORT PIERCE, FL 34050

Title: SD (X) Change () Addition
Name: SCHULZ, GLORIA
Address: 920 GEORGIA AVENUE
City-St-Zip: FORT PIERCE, FL 34050

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOE HOLIDAY

P

07/24/2004

Electronic Signature of Signing Officer or Director

Date