

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90039 043 ****61.25

DOCUMENT # N95000004799	
1. Entity Name ST. LUCIE PROFESSIONAL ARTS LEAGUE, INC.	

Principal Place of Business 2518 SE ANCHORAGE COVE, UNIT E1 PORT SAINT LUCIE, FL 34952 US	Mailing Address 2518 SE ANCHORAGE COVE, UNIT E1 PORT SAINT LUCIE, FL 34952 US
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20018232



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03052006 Chg-NP CR2E037 (11/05)

4. FEI Number 65-0615751		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent HOLIDAY, JOE 2518 SE ANCHORAGE COVE, UNIT E1 PORT SAINT LUCIE, FL 34952		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLIDAY, JOE 2518 SE ANCHORAGE COVE, UNIT E1 PORT SAINT LUCIE, FL 34952 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD NEWTON, JOSIAH 920 GEORGIA AVENUE FORT PIERCE, FL 34050 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	FLORENCE BEFUMO VPD ☐ Change ☒ Addition 2518 SE ANCHORAGE COVE E1 PORT ST. LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHULZ, GLORIA 920 GEORGIA AVENUE FORT PIERCE, FL 34050 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Joe Holiday* **3/13/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #