

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

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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04172008 No Chg-NP CR2E037 (4/06)

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

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000927297 05/20/08-80101-010 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT HOLIDAY, JOE 2518 SE ANCHORAGE COVE, UNIT E1 PORT SAINT LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BEFUMD, FLORENCE 2518 SE ANCHORAGE COVE E1 PORT SAINT LUCIE, FL 34952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SCHULZ, GLORIA 920 GEORGIA AVENUE FORT PIERCE, FL 34050
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: 	4/24/08	772-337-3250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #