2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2009
Secretary of State

DOCUMENT# N95000004799

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0615751 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLIDAY, JOE
2518 SE ANCHORAGE COVE, UNIT E1
PORT SAINT LUCIE, FL 34952 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: PDT ( ) Delete
Name: HOLIDAY, JOE
Address: 2518 SE ANCHORAGE COVE, UNIT E1
City-St-Zip: PORT SAINT LUCIE, FL 34952

Title: VPD ( ) Delete
Name: BEFUMD, FLORENCE
Address: 2518 SE ACHORAGE COVE E1
City-St-Zip: PORT SAINT LUCIE, FL 34952

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: TD ( ) Change (X) Addition
Name: YATES, LINDA
Address: 1491 SE NANCY LANE
City-St-Zip: PORT ST LUCIE, FL 34983

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: JOE HOLIDAY PDT 04/02/2009

Electronic Signature of Signing Officer or Director — Date