

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90162 042 \*\*\*\*61.25

<b>DOCUMENT # N95000004945</b> 1. Entity Name <b>COUNCIL OF SOCIAL AGENCIES OF ST. LUCIE COUNTY, INC.</b>					
Principal Place of Business <b>P.O. BOX 2356 FORT PIERCE, FL 34954</b>			Mailing Address <b>P.O. BOX 2356 FORT PIERCE, FL 34954</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01172006 Chg-NP CR2E037 (11/05)	
4. FEI Number <b>NOT APPLICABLE</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>HIOTT, PAUL 2300 VIRGINIA AVE FORT PIERCE, FL 34982</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <span style="float: right;">3-3-06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SELMER, PATRICIA 121 SW PORT ST. LUCIE BLVD PORT ST LUCIE, FL 34984	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER BRITCHER, SHARON PO BOX 3612 FT. PIERCE, FL 34982</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARTLEY, KELLY 1500 S KANNER HWY STUART, FL 34994	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PAST PRESIDENT GARTLEY, KELLY 121 SW PORT ST LUCIE BLVD PORT ST LUCIE, FL 34984</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD POSEY, ANNE 10570 S. FEDERAL HWY STE 201 PORT SAINT LUCIE, FL 34952	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR TRUE, DONNA 10 SE CENTRAL PARKWAY #410 STUART, FL 34994</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CIASCA, ARTHUR 1000 36TH STREET VERO BEACH, FL 32960	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT CIASCA, ARTHUR 1000 36TH STREET VERO BEACH FL 32960</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILDER, JAMES 4131 SOUTH US1 BLDG 2, # 4 FORT PIERCE, FL 34982	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VICE PRESIDENT WILDER, JAMES 125 NORTH 2ND STREET FT PIERCE, FL 32950</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NASH, SARAH 10052 US 1 SUITE 17A PORT SAINT LUCIE, FL 34952	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR SIZEMORE, DONNA 3209 VIRGINIA AVE FT PIERCE, FL 34981</b>
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.					
<b>SIGNATURE:</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					