

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004945

FILED  
May 04, 2009  
Secretary of State

**Entity Name:** COUNCIL OF SOCIAL AGENCIES OF ST. LUCIE COUNTY, INC.

**Current Principal Place of Business:**

P.O. BOX 2356  
FORT PIERCE, FL 34954

**New Principal Place of Business:**

2300 VIRGINIA AVENUE  
FORT PIERCE, FL 34982

**Current Mailing Address:**

P.O. BOX 2356  
FORT PIERCE, FL 34954

**New Mailing Address:**

**FEI Number:** 65-0235448      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

HIOTT, PAUL  
2300 VIRGINIA AVE  
FORT PIERCE, FL 34982      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: VP      ( ) Delete  
Name: SIMPSON, HELEN  
Address: 439 NW 7TH ST  
City-St-Zip: FORT PIERCE, FL 34950

Title: D      ( ) Delete  
Name: GARTLEY, KELLY  
Address: 1500 SKANNER HWY  
City-St-Zip: STUART, FL 34994

Title: PD      ( ) Delete  
Name: CIASCA, ARTHUR  
Address: 100 36TH ST  
City-St-Zip: VERO BEACH, FL 32960

Title: D      ( ) Delete  
Name: COUCHMAN, LAUREL  
Address: 3877 SW SAITFISH DRIVE  
City-St-Zip: PALM CITY, FL 34990

Title: D      ( ) Delete  
Name: WILDER, JAMES  
Address: 4131 SOUTH US1 BLDG 2, # 4  
City-St-Zip: FORT PIERCE, FL 34982

Title: P      ( ) Delete  
Name: SIZEMORE, DONNA  
Address: 3209 VIRGINIA AVE  
City-St-Zip: FORT PIERCE, FL 34981

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: T      (X) Change ( ) Addition  
Name: ALBERTS, CAROL  
Address: 8400 PICOS ROAD  
City-St-Zip: FORT PIERCE, FL 34945

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

Title: S      (X) Change ( ) Addition  
Name: MALLIS, DONNA  
Address: 804 S 6TH ST  
City-St-Zip: FORT PIERCE, FL 34950

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

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

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: CAROL ALBERTS

T

05/04/2009

Electronic Signature of Signing Officer or Director

Date