

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000004945

FILED
Mar 29, 2010
Secretary of State

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

Current Principal Place of Business:

2300 VIRGINIA AVENUE
FORT PIERCE, FL 34982

New Principal Place of Business:

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 ()

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
Name: SPRINGER, PAM
Address: 2550 SE WALTON ROAD
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: T
Name: ALBERTS, CAROL
Address: 8400 PICOS ROAD
City-St-Zip: FORT PIERCE, FL 34945

Title: S
Name: NOLE, MEGAN
Address: 1764 N CONGRESS AVE #201
City-St-Zip: WEST PALM BEACH, FL 33407

Title: P
Name: MALLIS, DONNA
Address: 804 S 6TH ST
City-St-Zip: FORT PIERCE, FL 34950

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

Title: D
Name: ROBERTS, DONNA
Address: 3209 VIRGINIA AVE
City-St-Zip: FORT PIERCE, FL 34981

I hereby 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 all other like empowered.

SIGNATURE: CAROL ALBERTS

T

03/29/2010

Electronic Signature of Signing Officer or Director

Date