



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2004 8:00 am**  
**Secretary of State**

02-05-2004 90017 015 \*\*\*\*61.25

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| <b>DOCUMENT # N96000005250</b><br>1. Entity Name<br><b>ST. LUCIE COUNTY CHAPTER OF THE WOMENS COUNCIL OF REALTORS, INC.</b>   |  |  |   |   |  |
| Principal Place of Business<br><b>4972 S 25TH ST<br/>FT. PIERCE, FL 34981-5009</b>  |  |  |   | Mailing Address<br><b>4972 S 25TH ST<br/>FT. PIERCE, FL 34981-5009</b>   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.                                      |   |    |  |
| City & State<br><br>Zip      Country  |  | City & State<br><br>Zip      Country   |   | 01282004    Chg-NP      CR2E037 (10/03)  |  |
| 4. FEI Number<br><b>65-0816965</b>  |  |  |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  |  |   | <b>\$8.75 Additional Fee Required.</b>   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SWANSON, DEBRA<br/>4972 SOUTH 25TH STREET<br/>FORT PIERCE, FL 34981</b>   |  |  |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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.<br><br>SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____   |  |  |   |  |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2004</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>   |  |
| <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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PP<br>EGLER, SHERI<br>909 MIDWAY RD.<br>FORT PIERCE, FL 34982      | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | PP<br>PAPPA, CARMEN<br>1740 ST LUCIE<br>FORT PIERCE, FL 34982  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>PAPPA, CARMEN<br>1740 ST LUCIE<br>FORT PIERCE, FL 34982      | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | PD<br>COULSON, BONNIE<br>1935 32ND AVENUE<br>VERO BEACH, FL 32960  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br>KRUSE, DAWN<br>6108 SUNSET BLVD<br>FORT PIERCE, FL 34982      | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | T<br>PATRICIA RENNA<br>2059 Morning Side Blvd<br>FORT ST LUCIE, FL 34952   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PED<br>COULSON, BONNIE<br>1935 32ND AVENUE<br>VERO BEACH, FL 32960 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | PED<br>CURTIS LOWE<br>7430 SUS HWY 1<br>FORT ST LUCIE, FL 34952  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br>TIFFANY, LYNN<br>600 EDWARDS ROAD<br>FORT PIERCE, FL 34982    | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | S<br>THERESA RONDEAU<br>1005 2ND SE<br>FORT PIERCE, FL 34950   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br>TIFFANY, LYNN<br>600 EDWARDS ROAD<br>FORT PIERCE, FL 34982    | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                              | S<br>THERESA RONDEAU<br>1005 2ND SE<br>FORT PIERCE, FL 34950   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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> <i>Patricia Renna</i> <b>PATRICIA RENNA</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |  | <b>TREASURER</b><br>Date <i>1/27/04</i> Daytime Phone # <i>772-232-0421</i> |  |  |